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SECTION A: LICENSING

WAC 388-295-0001 What gives the authority to the department of social and health services (DSHS) to license child care and charge licensing fees?

(1) The rules for child care centers are governed under chapters 74.12 and 74.15 RCW.

(2) The rules establishing licensing fees are adopted under authority of RCW 43.20B.110.

Authority to license and charge fees

Clarifying Information

- The primary statutes governing child care licensing are:
  - RCW 74.12 – Temporary Assistance for Needy Families;
  - RCW 74.13 – Child Welfare Services;
  - RCW 74.15 – Care of Children, Expectant Mothers, Developmentally Disabled;
  - RCW 43.43.830 – Background checks;
  - RCW 34.05 – Administrative Procedures.
- The current Minimum Licensing Requirements for Child Care Centers can be found at WAC 388-295.
- Policy Clarification database contains additional information and clarifications about WAC, practice, and policy.
- DCCEL workers (licensors, health specialists, and supervisors) will only enforce regulations outlined in WAC 388-295, regulations referred to in WAC 388-295, and policies or regulations explained in Policy Clarification and this document. Other documents (such as the Child Care Center Licensing Guidebook (DSHS 22-733), Caring for Kids, Handbook for Public Playground Safety, etc) should be used as resources for best practice and must not be considered enforceable rules.

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Worker Responsibilities

- DCCEL workers (licensors and health specialists) must:
  - Understand the WAC, RCW, Policy Clarifications, and enforce them in a fair and consistent manner. Documents other than WAC, RCW, and Policy Clarifications are not to be enforced by DCCEL workers.
  - Be prepared to fully explain the licensing regulations and provide technical assistance to help licensees achieve and maintain compliance.
  - Investigate, observe, and give technical assistance for items listed on the monitor form when conducting a monitor visit. The worker must address any violation discovered during a monitor visit, regardless of whether it is on the monitor form.
  - Write a Facility Licensing Compliance Agreements for all violations of WAC 388-295. Compliance Agreements must be written using standards and procedures taught by the DCCEL Trainers.
- Licensors must:
  - Investigate, observe, and give technical assistance for all items that are not "grayed" on the Child Care Center Checklist during initial and initial-to-full visits.
  - Investigate, observe, and give technical assistance for all items on the Child Care Center Checklist during renewal visits.
  - Investigate complaints within established times. They must coordinate with the health specialist and DLR/CPS when appropriate.
- Health specialists must:
  - Investigate, observe, and give technical assistance during initial and initial-to-full licensing visits for all items that are "grayed" on the Child Care Center Checklist.
  - Give technical assistance on health-related issues during complaints and when requested by the licensor or the center.

WAC 388-295-0010 What definitions under this chapter apply to licensed child care providers?

"American Indian child" means any unmarried person under the age of eighteen who is:

(1) A member or eligible for membership in a federally recognized Indian tribe, or who is Eskimo, Aleut, or other Alaska Native and a member of an Alaskan native regional corporation or Alaska Native Village;

(2) Determined or eligible to be found Indian by the Secretary of the Interior, including through issuance of a certificate of degree of Indian blood, or by the Indian health service;

(3) Considered to be Indian by a federally recognized or nonfederally recognized Indian Tribe; or

(4) A member or entitled to be a member of a Canadian tribe or band, Metis community, or nonstatus Indian community from Canada.

"Anti-bias" is an approach that works against biases and recognizes when others are treated unfairly or oppressively based on race, color, national origin, marital status, gender, sexual orientation, class, religion, creed, disability, or age.

"Capacity that you are licensed for" means the maximum number of children that you are authorized to have on the premises of the child care at any one time.

"Center" means the same as "child care center."

"Certification" means department approval of a person, home, or facility that does not legally need to be licensed, but wants evidence that they meet the minimum licensing requirements (also see **"Tribal certification"**).

"Child abuse or neglect" means the physical abuse, sexual abuse, sexual exploitation, abandonment or negligent treatment or maltreatment of a child by any person indicating the child's health, welfare, and safety is harmed.

"Child-accessible" means areas where children regularly have access such as: entrances and exits to and from the center, classrooms or child care areas, playground area including equipment and fencing, parking areas, walkways, decks, platforms, stairs and any items available for children to use in these areas.

"Child care center" means the same as a **"child day care center"** or a facility

providing regularly scheduled care for a group of children one month of age through twelve years of age for periods less than twenty four hours.

"Clean" means to remove dirt and debris from a surface by scrubbing and washing with a detergent solution and rinsing with water. This process must be accomplished before sanitizing a surface.

"CACFP" means child and adult care food program established by congress and funded by the United States Department of Agriculture (USDA).

"Commercial kitchen equipment" means equipment designed for business purposes such as restaurants.

"Communicable disease" means a disease caused by a microorganism (bacterium, virus, fungus, or parasite) that can be transmitted from person to person via an infected body fluid or respiratory spray, with or without an intermediary agent (such as a louse, or mosquito) or environmental object (such as a table surface).

"Cultural relevancy" creates an environment that reflects home cultures, communities and lives of children enrolled in the program.

"Department," "we," "us," or **"our"** refers to and means the state department of social and health services (DSHS), including but not limited to the division of child care and early learning (DCCEL) licensors and health specialists.

"Developmentally appropriate practice":

(1) Means that the provider should interact with each child in a way that recognizes and respects the child's chronological and developmental age;

(2) Is based on knowledge about how children grow and learn; and

(3) Reflects the developmental level of the individual child, and interactions and activities must be planned with the needs of the individual child in mind.

"Director" means the person responsible for the overall management of the center's facility and operation.

"Disinfect" means to eliminate virtually all germs from inanimate surfaces through the use of chemicals or physical agents.

"Domestic kitchen" means a kitchen equipped with residential appliances.

"External medication" means a medication that is not intended to be swallowed or injected but is to be applied to the external parts of the body, such as medicated

ointments, lotions, or liquids applied to the skin or hair.

"I," "you," and **"your"** refer to and mean the licensee or applicant for a child care license.

"Inaccessible to children" means stored or maintained in a manner preventing children from reaching, entering, or using potentially hazardous items or areas. Examples include but are not limited to: quantities of water, sharp objects, medications, chemicals, electricity, fire, mechanical equipment, entrapment or fall areas.

"Individual plan of care" means that the center's health policies and procedures do not cover the needs of the individual child so an individual plan is needed. Examples may include children with allergies, asthma, Down syndrome, tube feeding, diabetes care such as blood glucose monitoring, or nebulizer treatments.

"Infant" means a child one-month through eleven months of age.

"Lead teacher" means the person who is the lead child care staff person in charge of a child or group of children and implementing the activity program.

"License" means a permit issued by the department authorizing you by law to operate a child care center and certifying that you meet the minimum requirements under licensure.

"Licensee" or **"you"** means the person, organization, or legal entity responsible for operating the center.

"Maximum potential capacity based on square footage" is the maximum number of children you can be licensed for based on the amount of useable space (square footage) in your center. You may be licensed for less than the maximum potential capacity. You may not be licensed for more than the maximum potential capacity.

"Moisture impervious" or **"moisture resistant"** means a surface incapable of being penetrated by water or liquids.

"Parent" means birth parent, custodial parent, foster parent, legal guardian, those authorized by the parent or other entity legally responsible for the welfare of the child.

"Pesticides" means chemicals that are used to kill weeds, pests, particularly insects.

"Potentially hazardous food" means any food or ingredient that requires temperature control because it supports rapid growth of infectious or toxin forming microorganisms.

"Potable water" means water suitable for drinking by the public as determined by the state department of health or local health jurisdiction.

"Premises" means the building where the center is located and the adjoining grounds over which you have control.

"Preschool age child" means a child thirty months through five years of age not attending kindergarten or elementary school.

"Program supervisor" means the person responsible for planning and supervising the center's learning and activity program.

"Sanitize" means a surface must be clean and the number of germs reduced to a level that disease transmissions by that surface are unlikely. This procedure is less vigorous than disinfection.

"Satellite kitchen" means a food service establishment approved by a local health jurisdiction where food is stored, prepared, portioned or packaged for service elsewhere.

"School-age child" means a child not less than five years through twelve years of age who has begun attending kindergarten or elementary school.

"Supervised access" refers to those individuals at a child care center who have no responsibility for the operation of the center and do not have unsupervised access to children. These individuals are not required to submit a criminal history authorization form. This includes those persons on the premises for "time limited" activities whose presence is supervised by a center employee and does not affect provider/child ratios or the normal activities or routine of the center. Examples include:

(1) A person hired to present an activity to the children in care such as a puppet show, cooking activity, and story telling;

(2) Parent participation as part of a special theme; or

(3) A relative visiting a child on the premises.

"Staff" means a child care giver or group of child care givers employed by the licensee to supervise children served at the center.

"The Washington state training and registry system (STARS)" means the entity approved by the department to determine the classes, courses, and workshops licensees and staff may take to satisfy training requirement.

"Toddler" means a child twelve months through twenty-nine months of age.

"Terminal room cleaning" means thorough cleaning of walls, ceiling, floor and all equipment, and disinfecting as necessary, in a room which has been used by a person

having a communicable disease before it is occupied by another person.

"Tribal certification" means that the department has certified the tribe to receive state payment for children eligible to receive child care subsidies.

"Unsupervised access" refers to those individuals at a child care center who can be left alone with children in the child care center. These individuals must have received a full criminal history and background authorization clearance.

"Useable space" means the areas that are available at all times for use by the children that do not cause a health or safety hazard.

Definitions

Clarifying Information

- **"Capacity that you are licensed for"** refers to the number of children under the age of twelve allowed on the premises. There can sometimes be a difference between the number the fire marshal will allow in the building at any one time, the number the health specialist certifies the facility for, and the number the licensor finally approves. More information about capacity can be found at WAC 388-295-0080. When setting capacity for a center, the licensor takes into consideration:
  - The report from the fire marshal.
  - The health survey done by the health specialist.
  - Certificate of Occupancy.
  - Criteria such as (but not limited to): experience of the staff, quantity and age range of educational materials, and size of playground.
- **"Certification"**. Centers licensed by tribal organizations, certified by the military, or operated by other government bodies are exempt from licensing. In order for the program to receive subsidy payments, they can be "certified" by DCCEL rather than licensed; the certification process insures the facility meets licensing standards in order to received DSHS subsidies and/or USDA child nutrition program subsidies. More information about certification can be found at WAC 388-295-0020.
- **"Inaccessible to Children"** means children in care cannot access the item,

room, or area of the premises. This includes unlicensed areas of the premises. For example: a child care located in a community center, church, or any building used for other purposes; the only areas that should be accessible to the children in care are the areas of the premises that were inspected and approved by the licensors.

- **"Lead Teacher"** Refer to WAC 388-295-1030 for full requirements for a lead teacher.
- **"Pesticide"** is more fully defined in RCW 17-21-020(33) and WAC 388-295-5160.
- **"Premises"** is defined in WAC, but not by the legislature in RCW, therefore the common definition of the term applies. The premises consist of the building where the child care is located and the grounds (physical address) on which the building is located.
- **"School age Child"** is a child five years of age through twelve years of age who is enrolled in a public or private school. A school age child who is home schooled (not enrolled in public or private school) also meets the definition. If the center or licensor need verification of the "enrolled" status of the home schooled child, they can request the parent obtain documentation from Office of the Superintendent of Public Instruction (OSPI) or from the school district that is monitoring the child's progress. A child can only be considered home schooled if the parent of the child provides the instruction (RCW 28A.225.010).
- **"Tribal Certification"** There are two types of Certification for Native American tribes. More information about certification can be found at WAC 388-295-0020.
    - Certification as meeting state licensing requirements. Regardless of whether or not a tribe licenses a child care facility they may request the state investigate and certify their facility as meeting state licensing requirements. State requirements and procedures for licensure apply equally to certification for this type of situation. The tribe may choose to use the Indian Health Board instead of the DCCEL health specialist. The Indian Health Board completes inspections using state and federal

requirements and ensures all necessary licensing standards are met. This type of Certification lasts for the terms of the license and must be renewed at the end of a three-year licensing period. When certified, the facility may receive state subsidy payments for eligible children;

- Certification for state child care subsidy payments. If the tribe licenses a child care facility, the state may certify the facility for payment without further investigation.

- **"Unsupervised access"** & **"Supervised access"** This does not limit the Background Authorization only to those who have unsupervised access to children. DCCEL is authorized by RCW 74.15.030(2)(b) to investigate *"the character, suitability and competence of an agency and other persons associated with an agency directly responsible for the care and treatment of children…"*. People who have resided in Washington less than three consecutive years must also submit fingerprint cards for an FBI check. Such persons include, but are not limited to: administrators, owners, employees; volunteers; student interns/trainees; cooks; and janitor.
- **"Useable space"** means areas of the center that can be used or occupied by children. For example, hallways are not typically areas we would count because they are not areas children use except for access to various parts of the building. A portion of a room occupied by a large cabinet or other furniture might be deducted from the square footage because it is not an area that can be occupied and utilized by children in care.

WAC 388-295-0020 Who needs to become licensed?

(1) Individuals, entities and agencies that provide care for children must be licensed unless specifically exempt under RCW 74.15.020(2).
(2) The person or organization claiming an exemption must provide us with proof of right to the exemption if we request it.
(3) We do not license a center that is legally exempt from licensing per RCW 74.15.020(2). However, if the applicant requests it, we follow all licensing regulations to investigate and may certify the center as meeting licensing and other pertinent requirements. In such a case, all our licensing requirements and procedures apply equally

to certification.

(4) We may certify a child care center for payment without further investigation if the center is:

(a) Licensed by an Indian tribe;

(b) Certified by the Federal Department of Defense; or

(c) Approved by the superintendent of public instruction's office.

(5) The center listed in subsection (4)(a), (b), or (c) of this section must be licensed, certified, or approved in accordance with national or state standards, or standards approved by us. It must be operated on the premises where the entity operating the center has jurisdiction.

(6) We must not license a department employee or a member of their household when the employee is involved directly, or in an administrative or supervisory capacity, in the:

(a) Licensing or certification process;

(b) Placement of a child in a licensed or certified center; or

(c) Authorization of payment for the child in care.

(7) We may license a center located in a private family residence when the portion of the residence accessible to the child is:

(a) Used exclusively for the child during the center's operating hours or while the child is in care; or

(b) Separate from the family living quarters.

Licensing: Exemptions

Clarifying Information

- An agency [except those specifically listed in RCW 74.15.020(2)] must be licensed if they provide:
  - Care for children age of twelve and under; or
  - The parent pays a fee for the service; or
  - The children are expected to remain on the premises; or
  - The center assumes a role of responsibility for the health, safety, and welfare of the child.

- "Proof of right to the exemption" (WAC 388-295-0020(2)) can be a variety of documents indicating the center is exempt. Some examples include:
  - Attendance forms showing the children are in care less than four hours each day.
  - Contracts with parents demonstrating a specific exemption.
  - A policy and procedures handbook stating children are not present for more than four hours.
- It is possible to operate a child care center in a residential home. The most common scenario would be a Family Home provider who decides to transform the Family Home Child Care into a Child Care Center. If the home will still be used as a residence, the child care must be separate from the home. This means there would be a separate entrance for each and no shared spaces. The applicant must still undergo the same inspection process (fire, health) and must still get a Certificate of Occupancy from their local building department. Any residential home licensed as a Child Care Center would need to meet all regulations in WAC 388-295.
- Children under the age of 30 months are not considered school-age children and a facility offering "preschool" to this age group would not be exempt from licensing as a preschool.
- Preschool programs must be primarily engaged in educational work and providing care for less than four hours per day for any one child in order to remain exempt from licensing. A preschool could operate two shifts of four hours each and still maintain an exemption as long as no single child is present for more than four hours. Pre-school age children are between 2.5 and 5 years of age.

Worker Responsibilities

- DCCEL workers will:
  - Investigate all complaints of unlicensed childcare using the standards outlined in Chapter 4, Complaint Investigation.
  - Offer technical assistance to any facility attempting to become licensed or certified.

Examples

- RCW 74.1-5.020(2)(g) refers to nursery schools and kindergartens. To claim this exemption, the school can enroll only preschool children. In other words, children who are not eligible to be enrolled in elementary or higher grades (First grade and up) and are not younger than 30 months.
- RCW 74.15.020(2)(h) defines schools. To claim an exemption as a school, the program must be engaged primarily in education, operate on a school-year schedule (closed during summer months), follow an academic curriculum, only accept school-age children, and not accept custody of the children.
- Early Head Start (EHS) and Head Start (HS) programs can be operated by private, public, or non-profit organizations. The funding comes from the federal government in the form of grants. Just because an EHS or HS program gets its funding from the government is not enough to make it exempt from licensing. Those EHS or HS programs operated by public agencies (school districts or municipal governments, for example) would be exempt from licensing. Those EHS and HS programs operated by private or non-profit organizations would only be exempt from licensing if they had children in the program for less than four hours each day.
- RCW 74.15.020(2)(l) exempts facilities such as health clubs, shopping malls, and ski areas because the parent remains on the premises while the child is in care. If the parents do not leave the grounds of the health club, ski area, or the mall and pursue the activities associated with being at those sites, then the facility is exempt from licensing, *unless* the parent is employed at the facility.
    - In the ski area example, the parents are technically on the premises while skiing, therefore any child care operated on the site would be exempt from licensing.
- A situation recurring annually is shopping malls that open drop-in child care centers as a convenience for shoppers (commonly between mid-November through the end of December). Since the shoppers are technically on the premises, this type of child care is exempt from licensing under this RCW.

Parents who work at stores in the mall must use other options for their own children.

- RCW 74.15.020(p) exempts childcare operated by any unit of local, state, or federal government. This includes municipal park departments and school districts. Although technically exempt, this type of agency may choose to be licensed or certified so they can accept families using subsidy payments. This applies to child care *operated* by a local, state, or federal government, not a child care operated by another agency on premises owned by the government.
- A child care program operates an exempt and unlicensed preschool in a different room or a different part of the building. A small number of children from the childcare attend the preschool for a few hours each day. Is the preschool bound by child care regulations during time when the child care children are present? Preschool programs may exist side by side with child care programs and still be exempt from child care regulations per RCW 74.15. However, the preschool program must clearly be separate from the child care program. Providers must be able to account for where the children are (signing children who are attending the preschool program out of the child care and again signing them back in upon re-entry to the child care). The preschool enrollment also should be separate from the child care enrollment. Should the child care management not wish to follow the sign in/sign out option they can have the preschool room licensed and follow the licensing requirements.
- Several school districts operate all-day kindergarten programs that have the first half of the day paid for by the school district, and the second half of the day is optional time paid for by the parent. Should the program be licensed since it is optional and parents pay for the second half? Should DCCEL issue a provider number so subsidies can be paid for the second half? School districts that provide school-age child care are exempt from licensing, so unless the district chooses to be certified, DCCEL would not do so. In this case, Kindergarten is an academic program and is exempt from licensing. However, if the second portion of the program is child care, and the school

district wants to serve families who receive subsidies, that portion of the program must be certified.

- A private school also operates an "extended day" program and accepts children outside of the school hours: from 6:30am – 6:00pm. Staff for the extended day program are also teachers in the private school. Would this qualify for an exemption from licensing? The fact that teachers from the private school provide care in the child care is not relevant. If the school cannot demonstrate the following items, they must be licensed as a School-Age Child Care Center:
  - The "extended day" program offers an academic curriculum.
  - The school is approved by Office of the Superintendent of Public Instruction (OSPI).
  - They operate only during the school year.
  - They accept only school-age children.
- A child care center, licensed to provide school-aged care, is using the licensed building to provide "exempt" preschool when the school aged children are not in care. The pre-school operates from 9:30 am-noon, which is less than four hours. The preschool does not operate during school holidays or vacations. Can this program continue to operate the pre-school in a space that is also licensed? Yes, there is nothing in WAC that would prevent the usage of a building that has been licensed for child care from being used for other purposes.
- A facility offers only drop-in, not regularly scheduled care. Must they be licensed? Yes, they must be licensed. A child care facility providing drop-in care (whether that is the only type of care they offer, or whether it is offered alongside regularly scheduled care) must follow the same requirements outlined in WAC 388-295. Many child care centers offer drop in care. See the definition of "child day care center" in WAC 388-295-0010.

Certification

Clarifying Information

- Some exempt child care centers may choose to be certified so they can accept DSHS subsidy payments. See WAC 388-295-0030 for details.
- There are two types of Certification for Native American tribes:
  - Certification as meeting state licensing requirements. Regardless of whether or not a tribe licenses a child care facility they may request that the state investigate and certify their facility as meeting state licensing requirements. DCCEL requirements and procedures for licensure apply equally to certification for this type of situation. The tribe may choose to use the Indian Health Board instead of the DCCEL health specialist. The Indian Health Board completes inspections using state and federal requirements and ensures that all necessary licensing standards are met. This type of Certification lasts for the terms of the license and must be renewed at the end of a three-year licensing period. When certified, the facility may receive state subsidy payments for eligible children;
  - Certification for state child care subsidy payments. If the tribe licenses or certifies a child care facility, the state may certify the facility for payment without further investigation. In this instance, no monitoring or licensing visits are required and DCCEL accepts the licensing process used by the tribe.
- Tribes have specific, detailed agreements with DSHS (7.01 plans) that are updated every other year. The 7.01 plan is negotiated between the tribe and the Field Manager or designee. It contains details about how DCCEL will conduct business with the Tribe, including which agency will be responsible for investigations, how the certification process will proceed, etc. The 7.01 plan must be consulted before certifying any tribal center to ensure the terms of the agreement are honored during the certification process. The local DCCEL supervisor will have more information about the 7.01 plan. 7.01 plans are available for review at the State/Tribal Relations Unit (STRU) website.
- Branches of the military have specific agreements with DSHS that are

negotiated at DCCEL HQ. These agreements contain guidelines for interaction between the local offices and the military. The local DCCEL supervisor will have more information about these agreements.

- DCCEL certifications for military-licensed facilities are only for those facilities on a military base. Only the military licenses facilities that are on a military base. The Navy is unique because it licenses facilities that are off-base. Off-base facilities (except Navy) must not be issued a certificate and must be licensed by DCCEL.
- The certification allows subsidy clients access to the military-licensed center.
- Military licensed facilities requesting certification must submit the following to the local DCCEL office:
  - A completed DCCEL Application for Child Care Center License or Certification.
  - Evidence that the military has conducted background checks. DCCEL honors the military background check process and does not perform additional Background Authorization. The background check process will vary with each of the military branches.
  - A copy of the military child care license.
- When setting date ranges for military certifications, the start date for the certificate is the date the DCCEL office receives all required paperwork (listed above). Enter the end date of the military license OR three years for an end date for the DCCEL license. Certificate dates should run concurrent with the military license, but CAMIS will not allow certificates (or licenses) to exceed a three year term.
- Some military licenses do not list capacity. In those cases, consult with the military child care liaison to set the capacity on the certificate.
- It is not necessary to check the qualifications of the director or program supervisor for military licensed facilities. The military licensor will do this and DCCEL honors their process.
- Since CAMIS does not generate renewal letters for any facility that does not pay a fee (military certificate holders are exempt from fees), it is the licensee's

responsibility to contact DCCEL and renew the certificate.

Worker Responsibilities

- DCCEL workers must:
  - Offer technical assistance as requested to any facility attempting to become licensed or certified.
- Licensors are not required to complete a Child Care Center Checklist or conduct periodic monitor visits for military or tribal sites that are certified. DCCEL places the responsibility for ensuring a safe environment on the licensing agency (either tribal or military) and honors their licensing process. The certificate is a courtesy that allows a facility that is licensed by another agency to serve subsidy clients.
- Licensors must create and maintain a file for each certified center. Contents of the file will vary depending on the type of site.
- If the provider requests an SSPS identification (also called the "provider number"), licensors must see that an SSPS identification is created so subsidies can be paid. The procedure in each office may vary, but often the licensor will submit a request to clerical for the SSPS identification.
- The licensor must direct the provider to the subsidy booklet internet link (Child Care Subsidies: A Booklet for Licensed and Certified Child Care Providers, DSHS 22-877(X)). If the provider does not have access to internet, the licensor must deliver a hard copy of the booklet to the provider.
- Licensors or clerical must inform the local Resource & Referral (R&R) of the new certificate. The process for this will vary in each office, but many offices fax a letter or a copy of the certificate to the R&R.
- Licensors must contact the tribal or military liaison if a complaint is received about a certificated center. DCCEL does not have authority to investigate complaints in tribally licensed sites unless it is specifically allowed in the 7.01 plan for the tribe. Military licensors will conduct investigations in military-licensed sites.

WAC 388-295-0030 What must I do to be eligible to receive state child

care subsidies?

To be eligible to receive state child care subsidies for children in your care you must:

(1) Be licensed or certified;

(2) Be a seasonal camp that has a contract with us and is certified by the American Camping Association;

(3) Follow billing policies and procedure in Child Care Subsidies: A Booklet for Licensed and Certified Child Care Providers, DSHS 22-877(X);

(4) Bill us at your customary rate or the DSHS rate, whichever is less; and

(5) Keep the attendance records as described in WAC 388-295-7030 and the invoices for state-paid children on-site for at least five years.

Subsidy Eligibility

Clarifying Information

- Centers licensed by tribal organizations or the military are exempt from licensing. Also, centers operated by governmental agencies (ex: school districts and municipal park departments) are exempt from licensing. In order to receive subsidy payments, we can certify rather than license these programs. This process insures that the facility meets licensing standards in order to receive DSHS subsidies and/or US Department of Agriculture (USDA) child nutrition subsidies.
- The DCCEL Program Initiatives Unit is responsible for maintaining contracts for seasonal camps. Contact that unit if there are questions about whether or not a program is contracted as a seasonal camp.
- For more details about child care subsidies, refer to the Working Connections Child Care manual and Child Care Subsidies: A Booklet for Licensed and Certified Child Care Providers, DSHS 22-877(X)

Worker Responsibilities

- Licensors will direct centers to the DCCEL internet site where they can download a copy of Child Care Subsidies: A Booklet for Licensed & Certified Child Care Providers, DSHS 22-877(X). If the center does not have access to

a computer, there are hard copies available in most field offices.

- Licensors must confirm with the facility that invoices for state-paid children are kept available and on-site for at least five years. The licensor must check this during monitor visits and renewal visits.
- Licensors are not required to conduct investigations into child care subsidy overpayments, except as that overpayment might be indicative of poor business practice (a licensing complaint issue) on the part of the licensee. Licensors must first contact the Community Service Office (CSO). If it appears there have been overpayments, then refer the suspected overpayment to Division of Fraud Investigations (DFI). Licensors should make a Fraud Early Detection (FRED) referral to DFI if they suspect subsidy fraud. Instructions for making this referral are on the DFI intranet site.

Examples

- A parent using child care subsidies contacts Children's Administration Intake and makes a complaint that the center is charging them extra money over and above the co-pay. The center justifies this by saying they operate a high quality center and this is the amount that all other parents are required to pay. The facility informs the licensor they would be unable to accept families using subsidy into care if they could not charge their normal rate. Is this practice acceptable? A provider is required to bill at the customary rate or the DSHS rate (whichever is less) when they accept a family using DSHS subsidies. The center cannot ask parents to make up any difference between the subsidy payments and what they normally charge other parents for care. When the center agrees to accept subsidy clients, they also agree to accept the DSHS subsidy rate as payment. See Child Care Subsidies: A Booklet for Licensed and Certified Child Care Providers, DSHS 22-877(X) for more examples and information.

WAC 388-295-0040 Do I have to follow any other regulations or have any other inspections?

(1) Prior to becoming licensed by us to operate a child care center, you must:

(a) Have a certificate of occupancy issued by your local building department; and

(b) Be inspected by the state fire marshal.

(2) In addition to the requirements of this chapter, you are also responsible for complying with any local building ordinances. Local officials are responsible for enforcing city ordinances and county codes, such as zoning and building regulations. You must contact your local building jurisdiction to determine if local ordinances are different than our standards. If you encounter conflicts or differing interpretations, contact us immediately.

(3) We must notify the local planning office of your intention to operate a child care center within the local jurisdiction.

(4) Other state agencies such as labor and industries, the Fire Marshal and the department of health have regulations that apply to child care centers. You are responsible to contact those agencies to obtain their regulations. The other agencies are responsible to monitor and enforce their regulations.

Additional Inspections and Regulations

Clarifying Information

- This section of WAC lists inspections by agencies other than DCCEL that must be completed by the facility before they can become licensed. Some of these are the responsibility of the licensor and some are the responsibility of the center.
- Licensees are responsible to comply with any Department of Labor & Industries (L&I) regulations that might apply.
- Fire inspections due to a change in ownership will be done to the 1997 standards if the building had been previously inspected under those rules, unless the change in ownership also includes substantial changes to the license (such as a change in capacity).
- Issues of discrimination will be enforced by agencies with the authority to regulate discriminatory practices. DCCEL staff will refer any discriminatory complaints to one of the following agencies:
  - Washington State Human Rights Commission
  - U.S. Department of Health and Human Services, Office of Civil Rights
  - U.S. Department of Justice

- U.S. Equal Employment Opportunity Commission
- U.S. Department of Agriculture, Food and Nutrition Services

Worker Responsibilities

- Schedule a plan review with the health specialist prior to, or immediately after, application. Plan reviews allow the applicant some time to discuss the proposed layout of the center with a licensor and health specialist before they expend time and money on construction or remodeling. The plan review is an optional step; it is not required by WAC or RCW, and some DCCEL offices do not offer plan reviews. The health specialist in the local DCCEL office has more details about how to schedule and prepare for the plan review.
- Licensors must:
  - Add a copy of the Certificate of Occupancy to the center file.
  - Contact the fire marshal and schedule a fire inspection
  - Contact the health specialist and schedule an initial health Inspection.
  - Confirm with the center they have contacted local jurisdictions and inquired about additional permits, restrictions, or requirements.
- Licensors are responsible for any “red flag” fire safety issues they discover, and should bring those issues to the attention of the fire marshal.
- Licensors may use the Child Care Center Fire & Safety Monitoring Checklist to ensure compliance with fire regulations during a renewal visit. The use of this form is not mandatory. Some areas of the state do not have ready access to a fire marshal for license renewal inspections, so the Washington State Patrol (WSP), Fire Protection Bureau prepared this document for use by DCCEL. The current (2004) interlocal agreement between WSP and DCCEL states that priority for fire inspections will be given to new child care centers. If “red flag” issues become apparent during renewal inspections, the licensor must contact the fire marshal for further assistance.
- Clerical staff must send a letter to county or municipal building agency notifying them a child care center has applied for a license within their jurisdiction.

Examples

- A center is sold to new owners and both parties involved in the sale would like to get the license transfer completed as soon as possible. Is a new fire inspection required? Yes, both a new fire inspection and a new health Inspection must be completed. Since the fire marshal requirements (and/or health requirements) may have changed since the last inspection, both a fire and health inspection are required as a part of the new license process.
- This section of WAC mentions Department of Labor and Industries (L&I). How should licensors enforce WAC 388-295-1110(2)? Should they just discuss with directors that the center needs to comply with the Labor and Industries rules? Should licensors tell directors that they must have a sample Bloodborne Pathogen Exposure plan as a reference? Licensees are responsible to comply with any Labor and Industries rules that apply to them. The licensor or health specialist must check the Bloodborne Pathogen Exposure plan to ensure all key elements are addressed in the plan. If the licensee has any questions, they should contact the health specialist for technical assistance. Labor and Industries cites WAC 296-823 if the center does not have a Bloodborne Pathogen Exposure plan. If L&I informs DCCEL that a provider is not following L&I rules, the licensor reminds the provider they are required by WAC 388-295-0040 to comply with L&I requirements, and failure to do so may result in fines levied by L&I. DCCEL could also pursue civil penalties for failure to follow this regulation.
- Local jurisdictions may have fence height and zoning requirements. For example: in 2004, King County code required that child care centers located in Urban Residential Zones and Agriculture Zones have “outdoor play areas shall be completely enclosed by a solid wall or fence, with no openings except for gates and have a minimum height of six feet”. King County also required that play equipment be 20 feet from property lines. The King County example is presented for information only and is not to be used as a standard for other counties. Centers must check their own jurisdiction to determine if any additional regulations exist.
- A child care center has been located in an old school building and licensed for

many years. During a renewal visit, DCCEL staff question the location of the exits designated as escape routes. The director states the center has been licensed for years and there has never been a problem or any other DCCEL staff questioning the exits. What should DCCEL staff do? DCCEL staff can use the Child Care Center Fire & Safety Monitoring Checklist (an optional form, intended as an aid to licensors) to self-evaluate the facility or they can request the fire marshal conduct another fire safety inspection to re-evaluate the escape route.

WAC 388-295-0050 Can I get a waiver (exception) to the minimum licensing requirements or to licensing fees?

(1) In an individual case we can, if we decide you have a good reason, waive a specific requirement and can approve an alternate method for you to achieve the specific requirement if you:

(a) Submit the request in writing to us;

(b) Explain in detail the reason you need the waiver; and

(c) Can demonstrate that you have an alternative method of meeting the intent of the requirement.

(2) If the waiver is approved, you must retain a copy of the written waiver approval on the child care premises.

(3) We approve a waiver request if:

(a) You have a good reason;

(b) We determine that approval of the waiver request will not endanger the safety or welfare of the child or take away from the quality of your service;

(c) The request and approval is for a specific purpose or child; and

(d) The waiver request is for a specific period of time, which must not go beyond the date the license expires.

(4) We can limit or restrict a license issued to you in combination with a waiver.

(5) Any person or agency can submit a request for a waiver of licensing fees. We may waive fees when collection of the fee would:

(a) Not be in the best interest of public health and safety;

(b) Be to the financial disadvantage of the state.

(6) To request a waiver to the requirements to pay a licensing fees, you must:

(a) Submit a sworn, notarized petition requesting a waiver of fees;

(b) Mail or deliver the petition to your local child care licensing office; and

(c) Submit any additional documentation that we may consider relevant to your request for a waiver.

(7) You have no appeal rights to the denial of a waiver request under chapter 34.05 RCW.

Licensing: Waivers

Clarifying Information

- We cannot give waivers for any portion of RCW. For example: if a facility is required by RCW 74.15.020(2) to be licensed, we cannot approve a waiver that exempts the facility from licensing.
- A license can be limited or restricted in combination with a waiver. This means that (for example): licensed capacity and/or group sizes can be lowered for the term of the waiver.
- We may give waivers in limited situations when a provider cannot meet the WAC; however, they must have a reasonable plan that allows them to meet the *intent* of the WAC. Any plan proposed must demonstrate that the health, safety, and well being of the children are not being compromised.
- If we deny a waiver request, the provider does not have appeal or administrative hearing rights (RCW 34.05).
- We cannot waive STARS requirements (either the basic 20 hour or the ongoing 10 hour). There was a time period at the initiation of the STARS program when there were a limited number of waivers issued for the 20-hour basic STARS requirement, so there will be some older waivers for STARS in the files. We discontinued this process after STARS was fully implemented. DCCEL no longer issues these waivers, although the existing waivers for STARS remain in effect. The proper method for a provider to get an exception to STARS 20 hour basic requirements is to request an Educational Exemption from Washington Association for the Education of Young Children (WAEYC).

There are no exemptions or waivers for the 10-hour STARS requirement.

- Waivers are time limited and cannot extend beyond the expiration date of the license. A waiver cannot be "unlimited" in time or for an indefinite period. STARS waivers written during the initiation of the STARS program are an exception.
- The licensor must investigate waiver requests for disqualifying Background Authorization or Child Abuse/Neglect (CA/N) hits. If the waiver is approved, the licensor, supervisor, and field manager must all approve it. See WAC 388-295-0070 for more information.
- All waivers must honor the intent of the WAC.
- Waivers are not effective until signed by both the licensor and the supervisor.

Worker Responsibilities

- If a center requests a waiver, licensors must inform the center about the waiver process.
- DCCEL staff must offer technical assistance by helping the center explore various options to meet the intent of the WAC, keeping in mind that health, safety, and well being of the children in care cannot be compromised.
- Licensors must research past waivers, Facility Licensing Compliance Agreementss, and complaint history for the center, and prepare the information for submission to the DCCEL supervisor.
- If the licensor agrees with the waiver, submit a signed copy of the waiver request form to the supervisor with any applicable supporting documentation. Supporting documentation can include (but is not limited to) details about complaint history, past waiver history, relevant SER's, and a statement about the need for the waiver.
- Supervisor and licensors may ask for additional changes or restrictions to the license as a condition of the waiver.

Examples

- A child care center wants a waiver to allow use of a public playground because there is not a suitable playground at the facility. What should the licensor do? Off site playgrounds must meet the requirements listed in WAC

388-295-2130 and WAC 388-295-5090. Child safety is the critical factor in the decision to issue a waiver for a playground. Is the public playground adequately fenced? Is there a safe route to and from the playground? Does the center have a plan for safely escorting the children to and from the playground? Will the playground be appropriate and accessible during inclement weather? Is the equipment available at the playground appropriate for the age group of children? The waiver request must include a written plan demonstrating the center has developed a plan to address the above issues, in addition to any specific issues present at the playground being considered for use. Many DCCEL offices have a licensor or health specialist who has been certified as a playground inspector – the licensor should contact that individual for technical assistance when evaluating any off-site playgrounds.

- The director of a child care center phones the licensor and states that because of impending construction at the site they are in, they would like to move their center to a different facility several blocks away. They ask for a waiver to allow them to operate at a different site for a period of time. Should the licensor approve this waiver? No, you must not approve a waiver for this situation because there are multiple WAC this facility would be seeking to waive. Waivers are intended to be used for specific WAC, not as a substitute for a license. The licensor should instead suggest that the center begin taking steps to get the alternative site licensed or make arrangements to have the construction happen in off-hours and write a detailed plan to address potential health/safety risks if they choose to coexist with the construction. Any plan drafted should, at minimum, include methods to protect the children from: tools, construction materials, noise pollution, contact with uncleared site workers, exposure to potential toxins, and any other hazards that are specific to the construction.
- The owner of a center asks for a waiver for the new director who does not completely meet education qualifications. This proposed director has several years experience as a lead teacher, but does not have a CDA or meet the educational requirements outlined in WAC 388-295-1010. The individual in question is attending the local community college and has almost completed enough credits, but needs two more quarters to be fully qualified. The owner

also states that the enrollment at the center is so low they cannot justify hiring a program supervisor as suggested in WAC 388-295-1020. Should the licensor approve a waiver for this situation? This example could be a candidate for a waiver, however the licensor must still evaluate any other potential issues that might be involved, such as: does the proposed director have a firm date for when school will be completed? How much experience does the lead teacher have at this facility? Who will be responsible for operation of the center when the proposed director is in class? How much time will the proposed director be on site during the hours of operation of the facility? Or will the director be at college during operating hours?

WAC 388-295-0055 Can I get a dual license?

We may either:

(1) Issue a child care center license to you having a license involving full-time care; or

(2) Permit simultaneous care for the child and adolescent or adult on the same premises if you:

(a) Demonstrate evidence that care of one client category will not interfere with the quality of services provided to another category of clients;

(b) Maintain the most stringent maximum capacity limitation for the clients categories concerned;

(c) Request and obtain a waiver permitting dual licensure; and

(d) Request and obtain a waiver to subsection (2)(b) of this section, if applicable.

Licensing: Dual Licenses

Clarifying Information

- Two waivers are needed for a dual license; one from DCCEL, the other from Office of Foster Care Licensing (OFCL). If either waiver is denied, the dual license is also denied. OFCL regulations about dual licenses will be found at: WAC 388-148-0058. Please note: the OFCL link is for information only, DCCEL licensors do not enforce OFCL regulations.
- In general, we should not issue licenses for both child care and foster care,

nor for the care of adults and children in the same facility. The Examples section below contains samples of appropriate and inappropriate dual licenses.

- We include in the capacity of the child care license any clients on the premises under a license from another agency.
- A typical dual license would be for a child-specific, time-limited situation.

Worker Responsibilities

- Licensors must advise the applicant that dual licenses are rare and typically issued only in instances where clear evidence exists that one client category will not interfere with the quality of care provided to another client category.
- Licensors must carefully check the file (both electronic and the hard copy) for past waivers, Facility Licensing Compliance Agreements, Background Authorization, and complaint history.
- Licensors must staff the reasons for the dual license request with the responsible person from the other agency involved (usually Office of Foster Care Licensing (OFCL)).
- Licensors must staff dual licenses with the supervisor, presenting documentation that demonstrates how the provider will ensure the safety and welfare of all children being served. This documentation should include (but is not limited to):
  - Written waiver signed by the provider,
  - Complaint history,
  - Reasons for the request, and
  - Any evaluation or report provided by the other licensing agency.

Examples

- A center would like to get a dual license so they can offer emergency respite care in addition to child care. They are proposing that both programs operate at the same site and share the same space. Is this acceptable? Yes, this is possible. As with all dual license applications, there must be a waiver from DCCEL and a waiver from the other agency (in this case, OFCL). The total

number of children allowed on the child care license would include the children in emergency respite care. Close coordination between the DCCEL licensor and the OFCL licensor is necessary in order for this program to be successfully dual licensed.

- A licensor discovers that a licensed child care facility is also caring for an adult with a disability and/or providing respite care to a child with special needs. What should the licensor do? When a provider is giving care to a person who does not meet the age requirements for the license, the licensor should handle it as they would any other rule violation. The licensor should give technical assistance and develop a Facility Licensing Compliance Agreement with the provider regarding the requirement to only provide care for the ages of children listed on the license. The licensee may submit a request for a waiver regarding the age requirement. The licensee must develop an appropriate plan for the safety and supervision of all of the children. The licensor should document the rationale on the form for approving or denying the placement before submitting to the supervisor. Close coordination with the other licensing agency is important.
- A center states that a parent has contacted them and is requesting child care for a 16 year old who is developmentally delayed and requires supervision. The center understands that this child is over the age of 12 and not included in the age range for licensed childcare. What should the licensor say? The licensor must staff this with the supervisor. The licensor must ascertain the provider is experienced enough to manage any medical or behavioral issues this child might bring to the facility – failure to do this potentially places all children in the facility at risk. The licensor must also determine whether the provider has the full support of the parents and any appropriate medical personnel. There must be a written plan, developed in close coordination between the parents and medical professionals, detailing any potential medical or behavioral issues.

WAC 388-295-0060 What are the requirements for applying for a license to operate a child care center?

(1) To apply or reapply for a license to operate a child care center you must:

(a) Be twenty-one years of age or older;

(b) The applicant, director and program supervisor must attend the orientation programs that we provide, arrange or approve;

(c) Submit to us a completed and signed application for a child care center license or certification using our forms (with required attachments).

(2) The application package must include the following attachments:

(a) The annual licensing fee. The fee is based on your licensed capacity, and is forty-eight dollars for the first twelve children plus four dollars for each additional child;

(b) If the center is solely owned by you, a copy of your:

(i) Photo identification issued by a government entity; and

(ii) Social Security card that is valid for employment or verification of your employer identification number.

(c) If the center is owned by a corporation, verification of the corporation's employer identification number;

(d) An employment and education resume for:

(i) The person responsible for the active management of the center; and

(ii) The program supervisor.

(e) Diploma or education transcript copies of the program supervisor;

(f) Three professional references each, for yourself, the director, and the program supervisor;

(g) Articles of incorporation if you choose to be incorporated;

(h) List of staff (form is provided in the application);

(i) Written parent communication (child care handbook);

(j) Copy of transportation insurance policy (liability and medical);

(k) In-service training program (for facilities employing more than five persons);

(l) A floor plan of the facility drawn to scale;

(m) A copy of your health care plan reviewed and signed by an advisory

physician, physician's assistant, or registered nurse;

(n) A copy of your policies and procedures that you give to parents; and

(o) A copy of your occupancy permit.

(3) You must submit to the department's Background Check Central Unit a completed criminal history and background inquiry form for yourself and for each staff person or volunteer who has regular or unsupervised access to the children in care; and
(4) You must submit your application and reapplication ninety or more calendar days before the date:

(a) You expect to open your new center;
(b) Your current license is scheduled to expire;
(c) You expect to relocate your center;
(d) You expect to change licensee; or
(e) You expect a change in your license category.

Licensing: Application & Documentation

Clarifying Information

- The license process begins when the applicant submits a completed, signed, and dated DCCEL Application for Child Care Center License or Certification with the licensing fee attached. The ninety-day period to license a facility starts when both the completed application and fee are received. Applications will not be processed until the fees are received [WAC 388-295-0090(7)].
- The applicant must submit all the attachments listed in WAC 388-295-0060(2) before an initial license can be issued. Although the application process starts when the completed Application for Child Care Center License or Certification and fee have been received, a license must not be issued until all required documentation is complete. If all the information required in WAC 388-295-0060(2) is not received within the ninety-day processing period, the licensor can request the applicant withdraw their application until they can meet the requirements and provide the attachments listed in this regulation.
- The owner must sign the Application for Child Care Center License or Certification. If a corporation owns the facility, an officer of the corporation or

designee appointed by the board may sign the application (For example, a regional manager or other administrative staff). For a non-profit corporation, the president of the board or other board officer must sign the application.

- A new or renewal license can be issued after receiving a completed (cleared) Background Authorization for the person responsible (typically the director or program supervisor) for the direct supervision of staff in the center, if other licensing regulations have been met.
- A license becomes effective when the supervisor reviews the file and signs it. This is the point when a licensee can open the child care and begin operation. Licensors do not have authorization to allow a center to open for business until the supervisor has reviewed and approved the file.
- It is the licensee's responsibility to submit an Application for Child Care Center License or Certification 90 or more days before the expiration of a current license, before a change in location, or a sale of the facility. Failure of the licensee to submit the application in a timely manner results in a lapse of the license and closure of the center until the application process is completed. Although DCCEL mails reminder letters, it remains the licensee's responsibility to submit an application in a timely manner.
- For references, the referent must have known the applicant for at least one year and be able to provide information regarding the applicant's interaction with children. The references must be professional references; only one of the three required references may be a friend or family member.

Worker Responsibilities

- DCCEL workers must advise center about documentation required by DCCEL at application time and maintain current copies of required documentation in the center file.
- Licensors must deliver a copy of the health care plan and Certificate of Occupancy to the health specialist at the earliest opportunity.
- Supervisors must review all information held in the licensing file, including complaints, before approving a license. Complaints can be reviewed on-line in CAMIS. Supervisors must be aware of all critical information held in

DCCEL records (including CAMIS records) before they approve a license.

- Supervisors must use a license review checklist when reviewing files, and then add the checklist to the licensing file to assist future file audits. There is no formal license review checklist, supervisors are free to devise a checklist of their own.
- Supervisors must create an SER in CAMIS indicating that they have reviewed the file and approved the license.

Examples

- A person who has held a family home childcare license closes the childcare home and goes to work in a center. It has been less than three years since their last Background Authorization for the home childcare. Do they need to re-submit a new Background Authorization for the center? Yes, they would need to re-submit. It is the responsibility of the center to submit a Background Authorization form within seven days of hire and to maintain in a personnel file evidence that the Background Authorization form was submitted; these two WAC cannot be met unless the center submits a Background Authorization form at time of hire. The staff person would be allowed to have unsupervised access to children as long as they have submitted a Background Authorization within the past three years and both it and the CAMIS check were clear. See WAC 388-295-0070 for more information about Background Authorizations.

Licensing: File Organization

Clarifying Information

- All information associated with a facility is considered part of the licensing file. Physical inclusion in the licensing file is not the only determinant – all information held by DCCEL relating to the facility is considered part of the licensing file. This includes: the physical licensing file, all CAMIS information, the complaint file, any email or memos concerning the facility or staff, and Background Authorization forms (both hard copies in storage and electronic copies). For example, some offices store old Background Authorizations separately; even though stored separate from the licensing file, Background

Authorizations are part of the licensing file.

- All items in the licensing file must be in chronological order with the newest documents on top.
- Files for facilities that have been revoked or suspended must be marked "do not purge" and placed into storage at the local DCCEL office indefinitely. This must include all volumes (for those facilities with multiple files) and all Background Authorization forms.
- Character, Competence, and Suitability Evaluation forms must not be attached to the Background Authorization. Since the Background Authorizations were often stored separate from the licensing file (under the old background authorization process) and can be disposed of when over three years old, attaching Character, Competence, and Suitability Assessment forms runs the risk of losing the work done in the character assessment. Character, Competence, and Suitability Assessment forms, and all work product associated with them, are stored in section three of the licensing file.
- DCCEL workers must not print licensing complaints and add them to the hard copy of the licensing file.

Worker Responsibilities

- Licensors are responsible to maintain and organize the facility file. Contents must be organized sequentially by date, with the newest material on top of each section. The six-section folders must be used. Organization of the facility file for child care centers must be in the following format:
  - **Section One, License & Application Materials:** Application for Child Care Center License or Certification, all licenses, waivers & supporting waiver paperwork, documentation about fees, articles of incorporation, picture identification for the applicant, EIN, legal letters (civil penalties, probationary agreements, contracts, revocation and suspension letters).
  - **Section Two, Licensing Procedures:** licensing checklists, monitor forms, and Facility Licensing Compliance Agreements (except those associated with complaints).

- **Section Three, Provider Documentation:** all correspondence from provider, health care plan, transportation insurance, the center's policy and procedures handbook, and any Character, Competence, and Suitability Evaluation forms.
- **Section Four, SER's:** all SER's, including those dealing only with complaints. SER's must be arranged chronologically so they can be read as a narrative. Oldest must be on the bottom of the stack, with newest SER's added to the top.
- **Section Five, Director & Program Supervisor Qualifications:** resumes, transcripts, clock hours, verification of STAR's requirements, training documentation, and any other personal qualification documents required for the director & program supervisor.
- **Section Six, Inspections:** Certificate of Occupancy, fire marshal reports, fire escape plan, floor plan, health surveys and associated Facility Licensing Compliance Agreements.

- Licensors must enter all information that is relevant to the licensing process, to the facility, or to staff at the facility into a CAMIS SER. Some examples are:
  - Email must not be printed and placed in the licensing file. If the content of the email is relevant to the licensing process, to the facility, or to staff at the facility, the email must be cut and pasted into a CAMIS SER.
  - "Sticky notes" must not be placed in the file. "Sticky notes" make copying and redacting of the file extremely time consuming. If the content of the note is relevant to the licensing process, to the facility, or to staff at the facility, the licensor must enter the information into a CAMIS SER.
- The licensor maintains a separate folder for complaint related information, and the folder must be stored with the licensing folder. The complaint folder must contain all documents associated with complaints, including: Licensing Critical Incident Reports (LCIR), police reports, Facility Licensing Compliance Agreements dealing with the complaint, and SER's. CAMIS complaints must not be printed and added to this file. The complaint documents must be grouped so all paperwork for each complaint is together, and the complaints are chronological with newest on top. The complaint folder is part of the

licensing file and not a separate file; if disclosure is requested, the complaint file must be included.

- Licensors must not purge items from the licensing or complaint file. Duplicate items may be removed from the file, but when the file gets too large or cumbersome a second volume must be added.
- Licensors must record in the SER any contact with the licensee/applicant relevant to the licensing or complaint process. Licensors must complete the SER in CAMIS as soon as possible after an event, activity, or contact occurs to ensure accuracy of recording. In all cases, the SER must be completed within 10 working days of the event. Contacts with the provider such as requests for forms and other non-licensing contacts do not need to be recorded in an SER.

Licensing: Fees

Clarifying Information

- All licensed centers (including migrant child care facilities, school-age and tribal centers) must pay the yearly licensing fee unless 75% of their licensed capacity is comprised of children subsidized by DSHS, as averaged over the year.
- If an applicant has paid a fee for one or more years and we issue an initial license for less than one year, we prorate the fee and we can either refund the balance or hold it as credit toward the full license.
- If an applicant withdraws the Application for Child Care Center License or Certification before a license is issued (or if the application is denied), we can refund ½ of the fee.
- If a licensee makes changes that require a new license, the licensee must submit a new Application for Child Care Center License or Certification and fee. We can credit to the new license any unused fee paid for the previous license. Changes that would require a new license include: moving to new address and/or a new owner.
- If a licensee does not pay the fee by the due date, we suspend the license.

- When a license is revoked or suspended, we do not refund fees.
- CAMIS will not generate a fee letter for a third or fourth initial license. Therefore, if a facility pays for one year at the time of application, then remains on an initial license for over one year (into a third or fourth initial), then there will be no fee letter generated by CAMIS when the fee for the second year of licensing is due. The local DCCEL office must track this manually.

Worker Responsibilities

- It is the licensor's responsibility to ensure that fees have been paid before submitting the license to the supervisor for approval.
- The licensor or clerical must contact the center and inquire about the reason for any late payments. Staff with the supervisor and close the license if the fees are not immediately forthcoming.
- The licensor must collaborate with clerical staff to track third and fourth initial licenses and bill the licensee for the licensing fees. CAMIS does not generate a fee due letter for third and fourth initial licenses.

Orientation

Clarifying Information

- For a new application, if the applicant, director, or program supervisor of the center has not attended an orientation within the past year, they must re-attend in order to be current on changes in regulations and policies. They should attend an orientation hosted by the office where their center is located, because that office will have the most relevant information about local resources. However if schedules do not permit this, any center orientation sponsored by DCCEL would fulfill this requirement.
- "Making a Place for Children: Child Care Facility Planning Manual" is a DSHS document that contains useful information for applicants planning to open new facilities.
- DCCEL provides interpreters and translators, if requested. DSHS pays for interpreters. Each office has a process for requesting this service.

- Orientations will only be scheduled in accessible locations.
- Materials for orientation are located at: ftp://lgc1.dshs.wa.gov/esa/DCCEL/

Worker Responsibilities

- Licensors must provide an orientation class for applicants. Each DCCEL office will schedule orientation classes at intervals that accommodate the demand in their geographic area.
- The licensor must provide an orientation that covers the following topics:
  - WAC & RCW;
  - Legal rights, civil penalties, revocation, suspension, probationary licenses;
  - Procedure for obtaining a license, including: essential timelines, documents necessary to initiate the licensing process, documents required before a license can be issued, reasons an application might be denied;
  - Mandated reporting requirements, including steps for reporting suspected child abuse and neglect;
  - Importance of providing a developmentally appropriate, multi-cultural, anti-bias program for the children in care;
  - STARS requirements;
  - Outdoor play safety and supervision;
  - Requirements and options for the written policies and procedures that must be given to parents;
  - Business practices, ADA requirements, and record keeping expectations;
  - Information about DSHS subsidies and USDA food programs;
  - Health & safety issues, including any special training that may be required;
  - All forms needed to submit an application and an explanation of each form.
  - Fire safety issues and the inspection that done by the fire marshal.
  - Health and safety issues and the inspection that done by the health specialist.
  - Any local requirements (if known) and the need for the applicant to contact

local county or municipal jurisdictions to inquire about specific requirements.

SSN, EIN, & Picture Identification

Clarifying Information

- Social Security (SSN) or Employer Identification Number (EIN), and the picture identification requirements apply only to the owner of the facility, not to the staff.
- Acceptable photo identification includes: driver's license and government issued identification cards. This does not have to be identification from Washington state, any valid government issued picture identification is acceptable.
- Acceptable tax identification includes: photocopy of a Social Security card for the owner of the center, or a copy of documentation from the Internal Revenue Service (IRS) verifying the Employer Identification Number (EIN).
- The center may not substitute any other document for the SSN or the verification of the EIN. For example: a WA State Master Business License or local municipality business license does not substitute for the SSN or EIN requirement.

Worker Responsibilities

- If any center submits incorrect or falsified SSN, EIN, or picture identification, the licensor must make a report to Division of Fraud Investigation (DFI). DFI has an internet site and an intranet site with more information.
- Licensors are not required to conduct investigations into falsified or suspect EIN, SSN, or Picture identification documentation; DFI performs these investigations.
- Licensors must do a visual comparison between the applicant or licensee and the original photo identification. A visual inspection of a copy is not acceptable.

Examples

- A licensee presents a business license from the town where the center is

located in place of EIN documentation and tells the licensor that they are the same thing. Should the licensor accept this? No. Only the Internal Revenue Service (IRS) issues EIN; to meet this requirement, the applicant must follow the instructions on the DCCEL internet site that explain how and where to get an EIN. The same instructions are also available in Spanish on the DCCEL internet site.

Licensing: Process

Worker Responsibilities

- Licensors must issue a license or deny the application within ninety days of receipt of the completed application.
- If a license is not issued within the ninety-day period, licensors must determine the cause of the delay, then staff with the supervisor. If the applicant is causing the delay, the licensor should require the applicant to withdraw the application and submit a new application after they can demonstrate they have all required approvals.
- Licensor must document the dates that the fire marshal and health specialist were contacted with requests for inspections.

Licensing: Renewals

Clarifying Information

- 120 days before the expiration of a current license, CAMIS generates a letter reminding the licensee of the renewal date. The licensee must submit an Application for Child Care Center License or Certification form 90 days before the expiration of the current license.
- If the Application for Child Care Center License or Certification form is received at least 90 days before the expiration of the previous license, the beginning date of the renewal license is the day following expiration of the previous license.
- If the licensee submitted the Application for Child Care Center License or Certification form on time (prior to 90 days before expiration of current

license), and is working in collaboration with the licensor, the current license remains in effect until the renewal license is issued, even if the current license expires during the re-licensing process.

- If an Application for Child Care Center License or Certification form is received after the expiration of the current license, the license will be closed and the application received will be treated as a new application. The license will then begin effective the date the licensee meets all licensing requirements. There is no license in effect between the expiration of the current license and the time the licensee comes into compliance and is issued the new license. The center will not offer child care services while undergoing the licensing process. The licensor has the full 90 days to complete the licensing process.
- Licenses must never be backdated in CAMIS.

Worker Responsibilities

- Per RCW 74.15.110, the licensor must complete the re-licensing process within 90 days of the date that the applicant submits an Application for Child Care Center License or Certification form. If the applicant submits the application 90 or more days before the license expires (as is their responsibility per RCW 74.15.110), the licensor must re-license the facility before the term of the current license expires.
- Licensors must make appointments for renewal visits. The licensor must not conduct unannounced drop-in visits for renewals because of the time commitment involved. The licensee needs time to prepare for the renewal visit.

Examples

- A provider was four weeks late in sending their Application for Child Care Center License or Certification form. The application did not arrive until four weeks after the existing license had expired. What should the licensor do? Close the old, expired license and inform the director that the center is not to be offering child care services until they are licensed. The licensor should treat the application as a new application and issue a new control number

when the licensing process is complete. We do not backdate licenses for any reason. The licensor has the full 90 days (from the time the application is received) to complete the licensing process.

WAC 388-295-0070 What personal characteristics do my volunteers, all staff and I need to provide care to children?

(1) You, your staff and volunteers must have the following personal characteristics in order to operate or work in a child care facility:

(a) The understanding, ability, physical health, emotional stability, good judgment and personality suited to meet the physical, intellectual, mental, emotional, and social needs of the children in care;

(b) Be qualified by our background inquiry check prior to having unsupervised access to children. To "be qualified" means not having been convicted of, or have charges pending for, crimes posted on the DSHS secretary's list of permanently disqualifying convictions for ESA. You can find the complete list at http://www.dshs.wa.gov/esa/dccel/policy.shtml. This includes not having committed or been convicted of child abuse or any crime involving harm to another person; and

(c) Be able to furnish the child in care with a healthy, safe, nurturing, respectful, supportive, and responsive environment.

(2) If we decide it is necessary, you must provide to us any additional reports or information regarding you, any assistants, volunteers, members of your household or any other person having access to the child in care if any of those individuals may be unable to meet the requirements in chapter 388-295 WAC. This could include:

(a) Sexual deviancy evaluations;

(b) Substance abuse evaluations;

(c) Psychiatric evaluations; and

(d) Medical evaluations.

(3) Any evaluation requested under WAC 388-295-0070 (2)(a) through (d) will be at the expense of the person being evaluated.

(4) You must give us permission to speak with the evaluator in WAC 388-295-0070 (2)(a) through (d) prior to and after the evaluation.

(5) We investigate staff and volunteers, including accessing criminal histories and law

enforcement files.
(6) We can also investigate members of your household and members of your staffs and volunteers households. This includes accessing criminal histories and law enforcement files.
(7) We can investigate any other person who has access to a child in care, including accessing criminal history and law enforcement files.

Background Authorizations & Referral History

Clarifying Information

- DCCEL is mandated by RCW 74.15.030(2)(b) to conduct Background Authorization on licensed providers and any other person associated with the facility who has contact with children. This investigation includes conviction records, pending charges, Child Protective Service (CPS) and DLR/CPS records.
- This does not limit the Background Authorization only to those who have unsupervised access to children. DCCEL is authorized by RCW 74.15.030(2)(b) to investigate *"the character, suitability and competence of an agency and other persons associated with an agency directly responsible for the care and treatment of children…"*. People who have resided in Washington less than three consecutive years must also submit fingerprint cards for an FBI check. Such persons include, but are not limited to, the following: employees; volunteers; student interns/trainees; cooks; janitor.
- Child care staff may provide care as long as the Background Authorization (and FBI fingerprint card, if applicable) has been submitted to the local DCCEL office. Until the Background Authorization form is returned and cleared by the licensor, the employee or volunteer must not work in a capacity that allows them unsupervised access to the children in care. It is the responsibility of the center to submit a completed Background Authorization form within seven days of hire for a new employee or volunteer (WAC 388-295-7050). This applies to staff who need fingerprint checks, as well as those only needing a Washington State Patrol background authorization. Until the staff person is cleared by DCCEL, they must not work in unsupervised

positions.

- Background authorization letters from the Background Checks Central Unit (BCCU) will have one of three findings:
  - Cleared: meaning there is no criminal history on record with the WSP.
  - Record: meaning there is a criminal history.
  - Disqualified: meaning there is a criminal history and it disqualifies the applicant from working with children.
- Individuals who are not required to submit a Background Authorization, and are given supervised access to the children in care for time-limited activities must not count in the staff-to-child ratio. This includes persons on the premises for time-limited activities whose presence does not affect the operation of the facility, such as: someone hired to present an activity to the children in care (ex: puppet show, cooking activity, story telling, etc.); parent participation as part of a special theme (ex: career day); or social acquaintances of the child care provider.
- The licensee is required to maintain staff-to-child ratios, using DCCEL-cleared staff, during those times when other persons (such as, but not limited to: storytellers, gymnastic instructors, etc) are present. An uncleared person who is on the premises for a time-limited activity may not substitute for a staff person.
- It is the responsibility of the center to submit all Background Authorization forms and fingerprint cards directly to the local DCCEL office. The applicant can either fax or mail the forms to the office. If a fingerprint card is attached to the Background Authorization form, the card and form must be mailed (faxed copies of fingerprint cards will not be accepted).
- The local DCCEL office returns to the provider any form that is not completed or accurate, along with a rejection letter generated by the DCCEL Background Check Application. If there is no return address on the form, the local office must attempt to identify and contact the applicant, but may discard the form is it is not possible.
- The Background Authorization and “rap sheets” are disclosable documents.

When the person being investigated signs the Background Authorization form, they are also giving written permission for DCCEL to release the information to the administrative staff at the center.

- FBI "rap sheets" are not disclosable documents and DCCEL must not release this information outside the agency.
- DCCEL will not accept Background authorizations from other agencies (including OFCL), other states, or schools in lieu of the DCCEL process. Other agencies and states use varying degrees of depth when conducting these checks and they may not have been conducted to the same level of scrutiny as the DCCEL check.
- Some areas of the State maintain substitute "banks" that many different centers are able to draw on to help with short-term staffing problems. Staff working in a center who are from a substitute bank must have a personnel file on site at the center they are working in for the duration of their time in that center. This is most easily accomplished by having the substitute bring their personnel file to the site with them when they report for employment.
- Individuals may have a 'cleared' Background Authorization through the Washington State Patrol (WSP), but have disqualifying crimes at the local level that are not a part of the WSP database. Information related to a more extensive criminal history may come to staff in a variety of ways, including reports from the public. The Background Check Central Unit (BCCU) has a special investigation procedure outlined on page 44, #14 in the BCCU Guidebook. If DCCEL staff receive a complaint indicating a provider has a conviction not reported by the WSP, they must complete the following process with the Background Check Central Unit:
  - The licensor consults with the supervisor regarding the reasons for conducting the special investigation.
  - The licensor or supervisor requests a special background check by calling BCCU at: 360-902-0299.

Clerical Responsibilities

- For specifics on how to use the DCCEL Background Check Application,

contact your DCCEL Trainer and/or review the "Conducting Background Checks" class material.

- When the field office receives the Background Authorization form from the provider, clerical staff will review the form for completion, and then enter the information from the form into the DCCEL Background Check Application. This must be completed within five working days of receipt in the DCCEL office. The information will then be electronically transmitted to the BCCU.
- When the Background Check Central Unit (BCCU) has completed the background check, any information about the individual will be transmitted electronically back to the local DCCEL office.
- Clerical staff will then perform a person search in CAMIS for Child Protective Service (CPS) history. If there is a hit, the documentation is sent electronically to the licensor for review.
- If there is no Child Protective Service (CPS) referral history and no criminal history (rap sheet), clerical mails the qualification letter to the director of the center and the individual being cleared.
- Clerical staff must process Background Authorization form within five working days of receipt from BCCU and qualification letters must be sent to cleared individuals and center directors within three working days after processing is completed.
- Clerical may purge files of any hard copy Background Authorization form over three years old.

Worker Responsibilities

- For specifics on how to use the DCCEL Background Check Application, contact your DCCEL Trainer and/or review the "Conducting Background Checks" class material.
- Licensors must open the DCCEL Background Check Application daily and process any waiting Background Authorizations. If there are background authorizations waiting for licensor review and decision, they will be listed in the row titled "Count in Awaiting Licensor Check".
- The licensor reviews Child Protective Service (CPS) referral history in CAMIS.

If there is no concerning history, make the proper selections in the DCCEL Background Check Application. This will generate an electronic prompt to clerical to print and mail a "cleared" letter.

- Examples of concerning history include (but are not limited to): numerous CPS referrals that allege mistreatment of children; patterns of behavior that demonstrate a lack of judgment; past drug/alcohol history, etc.
- If information is found that does not disqualify the person from working in a child care facility, but the licensor is concerned (ex: numerous Child Protective Service (CPS) referrals that allege mistreatment of children; patterns of behavior that demonstrate a lack of judgment; past drug/alcohol history, etc.) the licensor must perform a Character, Competence, and Suitability Evaluation.
- Any Character, Competence, and Suitability Evaluation forms and associated information must be stored in the licensing file.
- The licensor may request case files from Office of Foster Care Licensing (OFCL), Child Protective Service (CPS), Family Reconciliation Services (FRS), Child Welfare Services (CWS), Division of Developmental Disabilities (DDD), and Aging and Disability Services Administration (ADSA) as part of the Character, Competence, and Suitability Evaluation.
- If the Character, Competence, and Suitability Evaluation indicates that the person should not be working in a licensed facility, the licensor contacts the person before informing the employer and allows the opportunity to meet informally and explain the circumstances.
- For a criminal "hit" on a Background Authorization, the licensor reviews the DSHS Secretary's Crime and Action List for Background Checks and determines if the "hit" is listed. If so, does it constitute a five-year disqualification or a permanent disqualification?
    - For a permanent disqualification, the Disqualification letter must be clear about what the person is prohibited from doing. If the disqualification is on the permanent list, the letter must clearly state that fact.
    - For a five-year disqualification, the Disqualification letter must be clear about what the person is prohibited from doing, and must clearly state that

the disqualification is for five years from the date of the last legal action. For example, an arrest for an offense may have been in May of 2010, with the conviction in January of 2011. The five-year disqualification starts with the last legal action, which would be January 2011, so the individual is disqualified until February 2016.

- When conducting the criminal background portion of the investigation, licensors may only consider convictions and pending charges. Information about dismissed charges or arrests that do not result in convictions must not be considered by the licensor in the disqualification process.
- If an investigation reveals disqualifying charges are pending against the applicant or an employee in the facility, the licensor must withhold the license and/or approval for that person to provide care until the charge is dismissed or the person is acquitted.
- If pending charges are more than one year old, the licensor should require the applicant to contact the charging law enforcement agency or prosecutors office to determine the current status of the charge.
- Licensors must process Background Authorization forms within five working days after the licensor receives notice from the DCCEL Background Check Application that the check is waiting review, unless the licensor is waiting for documentation from an outside agency (local law enforcement, mental health records, etc).
- Licensors must not issue a license or otherwise authorize persons to provide unsupervised care to children until we have received a properly completed Background Authorization form and the results are cleared by DCCEL.
- The licensor may ask a person with a “hit” on their Background Authorization to supply additional information about their record and any resolution to the charges. Any additional information should be in the form of court documents and/or police reports concerning the incident in question. The individual may submit a written statement about their record. A written statement can be a supplement to the court or police information, but is not a substitute for the official documentation about the incident and resolution.

Examples

- A Background Authorization is returned with a rap sheet that contains several "hits" for past arrests and convictions for DUI [or prostitution, or Violation of the Uniform Controlled Substances Act (VUCSA), or fraud, etc]. None of them are recent, but they do appear to have formed a pattern at one time; all are over five years old, none involve harm to a child. What does the licensor do? If the hits are not recent and there is no evidence that the pattern continues, complete a Character, Competence, and Suitability Evaluation form and staff with supervisor. Some information the supervisor needs to know at the staffing: Were any children or vulnerable persons involved in these arrests? Does the applicant have any "official" court documentation they can provide about the incidents? Were there any evaluations done for DUI, anger management, etc? Are any of the offenses listed in the permanently disqualifying section of the DSHS Secretary's Crime and Action List for Background Checks?
- A licensee contacts DCCEL and asks if they must submit a Background Authorization form for newly hired staff, since that staff has recently had a background authorization done for a local school district (or YMCA camp, or Office of Foster Care Licensing, etc). What does the licensor say? Since DCCEL does not have a method for sharing background check results with other agencies, and since different agencies perform different "depths" of background checks, an individual is not cleared by DCCEL until the facility had submitted a Background Authorization using the DCCEL-specified process. In addition, since a facility is required by WAC 388-295-7050 to maintain evidence that they have submitted a Background Authorization form, they must submit one in order to remain in compliance with the regulations.
- A community college Early Childhood Education program contacts the licensor and asks if students participating in internships at the college child care program need to submit a Background Authorization form to DCCEL. How should the licensor respond? The community college must submit the required Background Authorization form for any person who has anything to do with the operation of their child care facility. This includes a student

receiving on-the-job experience in their field of study.

- Examples of "patterns of behavior" that would be of concern include (but are not limited to):
  - A history of alcohol/substance abuse.
  - A history of domestic violence (as a perpetrator).
  - A history of mental illness.
  - Numerous Child Protective Service (CPS) contacts, including "inconclusive" findings.
- The licensor must consult with the supervisor prior to disqualifying a person based on patterns of behavior. If applicable for the office, the licensor and supervisor should consult with the local Assistant Attorney's General (AAG).
- A staff works at several different child care sites. Does this staff need to submit a different Background Authorization form at each site? Or is one enough?
  - If the sites the staff is working at are connected (ex: Boys and Girls club, YMCA, etc) and they utilize a central personnel office, then it is acceptable to submit one Background Authorization form at time of hire. Each center is required to maintain a personnel file on site that contains evidence that the Background Authorization form has been submitted, but having a copy of the Background Authorization form at each site is sufficient.
  - If the sites the staff is working at are not connected (ex: several different child care centers that are operated by different agencies or companies) then the staff is required to have a separate Background Authorization form at each facility.
- A center is renewing their license. During this process, they must submit new Background Authorization form for all staff. The director phones the licensor and says they have two new staff (less than two months at the facility) and their Background Authorization forms just came back from the Background Check Central Unit (BCCU). The director wants to know if it is necessary to re-submit these two forms. What should the licensor say? Yes, the two new staff must re-submit Background Authorization forms. WAC 388-295-0060(3)

requires Background Authorization forms to be submitted for all staff with an application.

Background Authorizations: Fingerprint Clearances

Clarifying Information

- If any person associated with the facility has not resided in Washington State for the past three years, they must submit a fingerprint card to the Background Checks Central Unit (BCCU) for a criminal history records check.
- The fingerprint checks are at the expense of the licensee. The licensee may not pass this cost on to the employee or prospective employee unless the result of the check is that the employee is disqualified due to his or her criminal history record. RCW 74.15.030(2)(b)
- Fingerprint checks from other agencies, other states, schools, or the military cannot be substituted for the DCCEL fingerprint process.
- Child care staff who require fingerprint checks may provide supervised care as long as the Background Authorization form and FBI fingerprint card have been submitted to Background Checks Central Unit (BCCU). However, until the Background Authorization form is returned and cleared by the licensor, the employee or volunteer may not work in a capacity that allows them unsupervised access to the children in care.

Worker Responsibilities

- If an applicant for a new license requires a fingerprint check, the licensor must wait for the return of the FBI fingerprint clearance before granting an initial license.

Staff: Supplemental Reports & Evaluations

Clarifying Information

- The individual in question must sign a Consent form (14-012) allowing the evaluator to release a written copy of the report to DCCEL and to discuss its contents with the licensor. Search the Administrative Services Division (ASD) intranet site for “Consent” form, or form “14-012” for versions in languages

other than English. Some health providers may have their own consent form they also need completed before they will discuss medical or mental health information.

- Any reports or evaluations required by DCCEL are the responsibility of the individual in question to pay for and arrange. DCCEL does not fund or arrange required reports or evaluations.

Worker Responsibilities

- When there is substantial information indicating the applicant may have a behavioral or personality problem that could constitute a risk to the health, safety, or well being of children, the licensor should staff with the supervisor the possibility of a supplemental evaluation.
- The licensor must staff with the supervisor any request for an additional report or evaluation, such as: sexual deviancy, substance abuse, psychiatric, or medical evaluations. A request for additional evaluations must be logically related to the potential for risk to children in care.
- If an evaluation is required, the licensor must appraise the potential risk the person in question might pose to the children in care. The licensor must staff with the supervisor any limitations on that person pending completion of the evaluation. Possible limitations include (but are not limited to):
  - Requiring the staff to work with a different age group,
  - Requiring that the staff only work in a supervised capacity, or
  - Excluding the staff from the premises.
- If a supplementary report is required [see WAC 388-295-0070(2)], the licensor should pre-approve the evaluator and obtain a signed Consent form (14-012) from the applicant to allow DCCEL to discuss the report with the evaluator. See "Clarifying Information/Supplemental Reports & Evaluations" for more information about Consent forms.
- The licensor must pre-approve the person or agency doing the evaluation. Criteria the licensor must look for in the evaluator are: do they have experience with this specific type of evaluation? Can they perform a thorough evaluation in a timely manner? Do they understand the exact nature of the

child care business? (In other words: the demands, expectations, and stress placed on child care providers and the potential risk to children if their caregivers are incapacitated in some way).

Examples

- Two different situations with similar resolutions:
  - We receive allegations that a staff person in a child care center is using an illegal substance during child care hours. The staff denies the allegation, but after interviewing the director and several of the staff members, the licensor still has reason to believe this allegation may be true. Should the licensor require an independent alcohol/substance evaluation?
  - A routine background check of CAMIS during the Background Authorization process shows that a staff person was recently hospitalized for a suicide attempt. On further review of CAMIS, there are other references to earlier instability. Should the licensor require a mental health evaluation?
  - The resolution in both situations is: an evaluation is a possible solution, but only after staffing with the supervisor. If it is decided that an evaluation is appropriate, the licensor should:
  - Pre-approve the evaluator.
  - Be sure that the evaluator is clear about the reasons for the evaluation and the concerns the allegations raise.
  - Obtain from the person in question permission to discuss the results of the evaluation with the evaluator.

Staff: Disqualification

Clarifying Information

- The DSHS Secretary's Crime and Action List for Background Checks contains clarification about which criminal offenses are permanently disqualifying and which are five-year disqualifications.
- A person who is disqualified by a "founded" Child Protective Service (CPS) abuse or neglect investigation may have a right to request a hearing with CPS

to review that finding; the person must contact CPS for more information on that process. In addition, the licensor and supervisor may request a review of the finding by the Children's Administration Area Administrator.

Worker Responsibilities

- The licensor must immediately disqualify any individuals whose Background Authorization contains a permanently disqualifying offense.
- If disqualifying information is found during the background check process, the licensor must write a disqualification letter for the supervisor's signature.
- For those background checks with a Background Checks Central Unit (BCCU) letter of "Record", the licensor must complete a Character, Competence, and Suitability Evaluation.
- The licensor must write a disqualification letter if, after staffing with the supervisor, the Character, Competence, and Suitability Evaluation makes it clear the person should not be working with children.
- The licensor must put into the disqualification letter:
  - Specifically what the person is disqualified from doing;
  - Reasons for the disqualification;
  - Applicable laws under which the person is being disqualified.
- People disqualified from working in child care are entitled to a hearing before an Administrative Law Judge (ALJ) with the Office of Administrative Hearings (OAH). The request for an appeal must be in writing and it must adhere to the following format:
  - Must state the basis for contesting the decision;
  - Must include a copy of the DCCEL letter;
  - Must be sent so that it is received at OAH within 28 days of receipt of the DCCEL Disqualification letter;
  - Must be sent by a method that shows proof of service (Certified Mail).
- Distribution for a disqualification letter is as follows:
  - Original to the person being disqualified;
  - Copy to the facility director (if disqualification is based on criminal history,

not CAMIS check; if the disqualification is based on a CAMIS check, a generic letter free of CAMIS details should be sent to the director);
  - Copy to the licensing file;
  - Copy to the DCCEL Supervisor;
  - Copy to the DCCEL Field Manager;
  - Copy to the local AAG.
- More information about writing legal letters is available from your local DCCEL Trainer.
- The licensor must contact a facility immediately if an employee's Background Authorization reveals a criminal conviction or pending charge that is on the DSHS Secretary's Crime and Action List for Background Checks. Licensors may disclose that a person is disqualified, and they may discuss any adjudicated criminal convictions. Licensors may not discuss the details of pending charges or Child Protective Service (CPS) findings.
- Licensors are prohibited from discussing with the director or facility staff any "unfounded", "founded", or "inconclusive" allegations of abuse or neglect. Child Protective Service (CPS) findings are not covered by the release of information clause on the Background Authorization form.
- If the person is disqualified, the licensor records the disqualifying information in CAMIS under the "person notes" section. Contact your Automation Trainer (CAMIS Trainer) if you are unsure of this process or see the Person Notes section of the CAMIS manual for details on the process.

Staff: Volunteers

Clarifying Information

- How do we define "volunteer" in a child care center? Volunteers must be at least 16 years of age and be under the direct supervision of a lead child care staff member at all times (regardless of age of the volunteer).
- What are the training requirements for volunteers? Volunteers must be oriented to the program policies, practices, philosophies, and goals listed in WAC 388-295-1080 & 1090.

- Do volunteers need to be tested for TB? Volunteers must meet the requirements of WAC 388-295-1120 before starting work and when they have reason to believe they have been exposed to TB.
- Do volunteers need to take Bloodborne Pathogen training? Yes, if they are counted in the child/staff ratio. The intent of WAC 388-295-1110 is that employees (and volunteers) who are counted in the staff to child ratio be required to take Bloodborne Pathogen (including HIV/AIDS) training.
- See WAC 388-295-1050 for more information about volunteers.

Examples

- A facility is using parent volunteers to transport children on field trips. This means during that time in the vehicle, the parent driver is the only adult supervising the children. Are persons transporting children required to submit a Background Authorization form? Any person with sole supervision responsibilities for children in care must have a background authorization (including CAMIS check). In addition, since a staff of lead teacher or higher status must supervise volunteers, there must also be a staff with those qualifications in the vehicle.

WAC 388-295-0080 How is my licensed capacity determined?

(1) Maximum allowable capacity of your center is determined based on useable square footage and available toilets and sinks. The licensed capacity (the number of children you are allowed to have in your center at any one time) may be less than the maximum capacity, but not exceed it. The licensed capacity is based on our evaluation of the program, the ages and characteristics of the children, the experience of the staff, and usable floor space. You must have:

(a) Fifty square feet of useable floor space per infant (includes crib, playpen, infant bed and bassinets);

(b) Thirty-five square feet of useable floor space for each toddler or older child that is dedicated to the children during child care hours; and

(c) Fifteen additional square feet must be provided for each toddler using a crib or playpen when cribs are located in the sleeping and play area.

(2) The areas included in your square footage must be available at all times for the children. The following areas will not be included in determining the useable square footage for each child:

(a) Food preparation areas of the kitchen;

(b) Laundry areas;

(c) All bath, toilet rooms and hand washing areas;

(d) Hallways, diaper changing areas (includes the changing table, sink and twenty-four inches of floor space around the changing table and sink), stairways, closets, offices, staff rooms, lockers and custodial areas;

(e) Furnace rooms, hot water heater rooms, storage rooms, or mop sink rooms; and

(f) Cabinets, storage, and fixed shelving spaces unless accessible to and used by children (for example, cubbies, shelves for storing toys and puzzles, bookshelves, etc.). If the children do not have access to their cubbies or toy storage areas, it is not included in the square footage.

(3) You can use a multipurpose room and gymnasium for multiple purposes such as playing, dining, napping, and learning activities, and before and after school programs when the room:

(a) Meets the square footage requirements for the purpose and number of children to be served; and

(b) Is being used for one purpose and does not interfere with usage of the room for another purpose.

(4) You may use and consider the napping area as child care space if staff remove mats and cots when they are not in use and the children then have free access to the area.

(5) We will not issue you a license to care for more children than the rules in this chapter permit.

(6) We may issue you a license to care for fewer children than the center's maximum capacity.

Licensing: Capacity

Clarifying Information

- Only areas that are available for children to use are counted in the square footage when setting capacity. See WAC 388-295-0080(2)(a-f) for some specific examples.
- Factors used to determine licensed capacity include (but are not limited to):
  - Information provided by the fire marshal.
  - Health survey provided by the health specialist.
  - Physical layout of the facility.
  - Square footage of usable space.
  - Number and types of toys and educational materials available.
  - Training and background of the staff.
  - Maximum number of groups per classroom.
- The Certificate of Occupancy for each site gives the total number allowed on the site. This number includes both adult staff and children in care.

Worker Responsibilities

- It is the licensor's responsibility to set the capacity for the center based on the criteria listed in this regulation.
- Capacities for rooms that are between whole numbers will be rounded to the nearest whole number.
  - For example, a room for toddlers measures 365 sq ft. This means the room could have 10.428 children, which rounds down to a capacity of 10 children.
  - For a room measuring 380 sq ft, the capacity would be 10.857 children, which rounds up to 11 children.
- The health specialist will consider the number of toilets available when recommending a capacity to the licensor (WAC 388-295-5100). The capacity the health specialist recommends includes the adults working at the site if they share toileting facilities with the children.

Examples

- A fire marshal inspects the facility and mentions that the building is suitable to hold 250 people. The health specialist lists a total capacity of 82, split up into different age groups and rooms. The licensor reviews all the information available and decides to license the facility for 78 children. The provider is requesting a license capacity of 96. What should the licensor do? The licensor has the authority to set the capacity for each site, and the licensor takes into account other criteria, in addition to the reports from the fire marshal and the health specialist. In this hypothetical case, a small playground was the limiting factor and staffing considerations would not allow rotating children to the playground.
- A center is leasing space in a building and the owners of the building have done some remodeling which reduced the size of the center. This also affects the licensed capacity. What should the licensor do? The licensor must request a new health Inspection to re-evaluate the room capacities. The fire marshal must be contacted for another inspection if the remodel has affected exiting patterns. The licensor then re-evaluates the capacity at the center based on the new information and sets the capacity accordingly.
- The square footage of a room used for child care is measured for 17 children. Can a licensor approve an increase in capacity above 17 for one hour each day to allow 20 children in the same space for lunch? Are there fire occupancy restrictions? The fire marshal determines occupancy based on "total square footage" of the child care center, not individual rooms. The provider could request a waiver to allow the capacity increase for the combined lunch. WAC 388-295-2090(7) allows the licensee to combine children of different age groups for no more than one hour, provided they maintain the staff-to-child ratio for the youngest child in the group. This situation might be a good candidate for a waiver. Refer WAC 388-295-0050 for more details about the waiver process.

WAC 388-295-0090 When does the department issue initial and full licenses, and when are licensing fees due?

We may issue an initial license to centers that have not yet begun providing care, but are accepting application for potential clients.

(1) We may issue an initial license when you can show that you are following the rules regarding the child's health and safety.

(2) We may issue an initial license if you have not yet opened for business, and so are not yet able to show that you are complying with the rules pertaining to:

(a) Staff to child interactions;

(b) Group size and staff to child ratios;

(c) Behavior management and discipline;

(d) Activity programs;

(e) Child records and information; and

(f) Other rules that require us to observe your facility's ability to comply with rules.

(3) You must provide us with a plan to comply with the rules listed in subsection (2)(a) through (f) of this section. We must approve of that plan.

(4) We may issue an initial license to an applicant for a period not to exceed six months, renewable for a period not to exceed two years.

(5) When you have an initial license we:

(a) Evaluate your ability to comply with all rules contained in this chapter prior to issuing a full license;

(b) May issue a full license to you when you have demonstrated compliance with chapter 388-295 WAC; and

(c) Do not issue a full license to you if you do not demonstrate the ability to comply with all rules contained in chapter 388-295 WAC.

(6) You must pay licensing fees at the time you apply for an initial license and when your license is being renewed.

(7) We do not process your application until you have paid the required fee.

(8) You can pay licensing fees for:

(a) A minimum of one year; or

(b) The entire length of your license.

(9) You pay your fee by mailing a check or money order for the required amount to the department of social and health services, according to instructions on the licensing application.
(10) If you pay your fee one time per year, you pay the annual rate each time. The annual fee is due thirty days before each annual anniversary date of the license.
(11) If you pay for more than one year, the total fee you pay is based on the annual fee rate. For example, if you are licensed for three years and want to pay the licensing fee for the entire period at once, you multiply the annual fee by three years, and pay that amount at the time of your license application or renewal.
(12) If there is a change in your facility that places your facility in a higher fee category, we prorate the additional fee amount over the remainder of the license period.
(13) If you withdraw your application before we deny or issue a license, we refund one-half of the fee.
(14) If there is a change that requires a new license, we refund any fee that remains after your next licensing date. A new license requires a new application and fee.
(15) If we deny, revoke, or suspend your license, we do not refund your licensing fee.
(16) If you reapply for a license after we revoke or suspend your license, you must pay a new license fee.
(17) If you do not pay licensing fees when they are due, we suspend or deny your license.

Licenses: Initial

Clarifying Information

- We can issue an initial license when a center complies with the majority of the licensing regulations, but cannot demonstrate to the licensor those regulations that are dependent on children being in care. For example: staff-child interactions, behavior management, activities, child records, or other activities requiring observation of children and staff.
- The health care plan must be complete, approved by the health specialist, and signed by a qualified health care professional before an initial license can be issued.
- A licensor must not issue an initial license before the fire marshal and health specialist have approved the premises. The center must also possess a

Certificate of Occupancy and have had an inspection from the licensor. In order to issue an initial license no major compliance issues can exist. Examples of major compliance issues would be:

- No playground, or a playground not yet ready for use (unless there is a department approved plan for outdoor play).
- Insufficient educational/play materials for the number of children anticipated at opening time.
- Fire and/or health Inspections unfinished, or approval by fire and/or health not secured.
- Not enough staff cleared by Background Authorization (both criminal checks and CAMIS checks) to allow the center to operate with the required staff/child ratio.

- We can issue initial licenses for up to six months. If at the end of the six-month period the licensee cannot demonstrate compliance with all licensing regulations, we can issue another initial license. Four initial licenses can be issued, in six-month increments each, but no applicant may be operating on an initial license for more than two years. We never issue an initial license if the outstanding compliance issues constitute a threat to the health, safety, and well being of the children in care.
- Civil penalties, either intent or imposed, are not appropriate for an initial license. Probationary licenses are not issued to a licensee who is on an initial license. If there are violations of licensing regulations during the initial license period, it is more appropriate to staff the situation with the supervisor. Denying the application and revoking the initial license are an option, but only after staffing with the supervisor and Assistant Attorney's General (AAG) (if AAG staffing is an option for your region).

Worker Responsibilities

- During the initial license period:
  - Evaluate those portions of the program (staff-child interactions, behavior management, activities, child records, and other activities requiring observation) that are dependent on children being present.

  - Recheck any issues not yet completed on Facility Licensing Compliance Agreements. This may take several site visits and may require some technical support.
- If a facility meets all licensing regulations, the licensor must issue a license.
- The health specialist must inspect and approve a center before an initial license can be approved.
- If the center is issued more than one initial license, the health specialist must re-inspect the center before each of the subsequent initial licenses can be issued.
- The health specialist must re-inspect the center before the center can be moved from an initial to a full license.

Licenses: Initial to Full

Clarifying Information

- A center can be moved from an initial license to a full license at any time after all licensing requirements have been met. Initial licenses do not have to be in place for the full six months before granting the licensee a full license.
- Initial to full licensing visits will not be considered monitor visits. A monitoring checklist must not be used for these visits. The proper form for an initial to full inspection is the Child Care Center Checklist.
- An inspection from the health specialist is required before a full license will be issued. Health specialists inspect centers before the initial licenses are issued, and before the initial license can be moved to a full license.
- Full licenses are only issued for three-year time blocks. We do not issue a license for more or less than three years. RCW 74.15.100
- The full license date begins on the date of the first initial license.
- Licenses are only valid for the licensee at the address listed on the Application for Child Care Center License or Certification. Sale of the facility or a move to a new location requires a new application and a new license. RCW 74.15.100
- Before we issue a full license, the center must be able to demonstrate full

compliance with licensing regulations.

Worker Responsibilities

- The licensor must issue a full license once the facility meets licensing regulations. A facility must not be kept on an initial license because of time constraints or other scheduling problems.
- The health specialist must inspect and approve of a facility before an initial license can be issued, before a 2nd, 3rd, or 4th initial license can be issued, and again before a full license can be issued.

Examples

- A center has been on an initial license for six months and is now ready to move to a full license. What should be the start date for the full license? When a full license is issued, the start date for the full license is the same as the start date for the initial license.
  - For example: if a center is issued an initial license on 01 Jan 2010, then it would expire six months later on the last day of June. If the center were ready for a full license at that time, the start date on the full license would be 01 Jan 2010.
  - If the same center had been issued three initial licenses, the full license would still be issued with a start date coinciding with the start date of the first initial license. Even though the third initial license would not expire until the end of June 2011, the full license start date would still be 01 Jan 2010.
- A center was issued an initial license and completed all Facility Licensing Compliance Agreement items quickly and thoroughly. Just as the licensor is about to recommend a move to a full license, the center receives a serious DLR/CPS complaint. Should the licensor move the center to the full license? No, the licensor should wait until there is some resolution to the DLR/CPS complaint before moving this center to a full license.
  - Similarly, if there have been a concerning number of licensing complaints during the initial license period (especially valid complaints), the licensor should also wait until the center has resolved the issues causing the

complaints before moving the facility to a full license. A center should have a history of no complaints for a reasonable period before a full license is issued.

Licensing Fees

Clarifying Information

- Licensing fees are due at the time an initial and renewal license application is received by DCCEL. An application is not complete until the fees are paid, and a license will not be issued if there are fees outstanding fees due.
- Centers can pay licensing fees in advance on a yearly basis, or for the term of the license (three years). Fees are due at least yearly, even if the center is on an initial license.
- Although fees for a new, initial license are collected by the local DCCEL office, Financial Services Administration does ongoing fee collection.
- More information about fees is detailed in WAC 388-295-0060 - Licensing: Fees

Worker Responsibilities

- Licensors must be aware of when licensing fees are overdue. Centers can pay licensing fees yearly, or they can pay for the term of the license (three years).

Licensing: Monitor Visits

Clarifying Information

- When a facility has a full license and a complaint is received, the visit made to the facility as a result of the complaint can be counted as a monitor visit if the Child Care Center Monitoring Checklist, 10-239b is completed.
- A visit made to a facility during the initial license period cannot be counted as a monitor visit. Only visits made after a full license has been issued can be considered a monitor visit.
- A visit made to investigate a complaint while the facility is on an initial license cannot be considered a monitor visit.

- Visits made during the initial license must be coded in CAMIS as a "Site Visit" when the SER is written.
- Monitor visits are to be made unannounced.

Worker Responsibilities

- The licensor must conduct a monitor visit every twelve months after a center has received a full license. The twelve-month intervals begin with the issue date of the full license.
- Licensors must complete the Child Care Center Monitoring Checklist, 10-239b for all monitor visits. If this form is not used, the visit cannot be counted as a monitor visit. A copy of the form must be left with the administrative staff at the center.
- The licensor must create an SER detailing the results of the monitor visit within 10 working days of the visit.

WAC 388-295-0100 When can my license application be denied and when can my license be suspended or revoked?

(1) If you do not meet the requirements in chapter 388-295 WAC we deny your license application or suspend or revoke your license.

(2) If more than one person applies for a license or is licensed under this chapter to provide child care at the same facility:

(a) We consider qualifications separately and together.

(b) We deny the license application, or suspend or revoke the license if one person fails to meet the minimum licensing requirements.

(3) We must deny, suspend, or revoke your license if you:

(a) Have been found to have abused, neglected, sexually exploited, abandoned a child or allowed such persons on the premises as defined in chapter 26.44 RCW;

(b) Have been convicted of, or have charges pending for, crimes posted on the DSHS secretary's list of permanently disqualifying convictions for ESA. You can find the complete list at http://www.dshs.wa.gov/esa/dccel/policy.shtml;

(c) Have had a license denied, suspended, or revoked for the care of adults or children in this state or any other state. However, if you demonstrate by clear and convincing

evidence that you have taken enough corrective action and rehabilitation to justify the public trust to operate the center according to the rules of this chapter, we consider issuing you a license;

(d) Commit or allow an illegal act to be committed on the licensed premises;

(e) Allow children in your care to be abused, neglected, exploited, or treated with cruelty or indifference;

(f) Use illegal drugs;

(g) Use alcohol to the extent that it interferes with your ability to provide care for the children as required by this chapter;

(h) Refuse to permit an authorized representative of the department, state fire marshal, or state auditor's office with official identification to:

(i) Inspect the premises;

(ii) Access your records related to the centers operation; or

(iii) Interview staff or children in care.

(i) Refuse to provide us a copy of your:

(i) Photo identification issued by a government entity; and

(ii) Social Security card that is valid for employment or verification of your employer identification number.

(4) We may deny, suspend, or revoke your license if you:

(a) Try to get or keep a license by making false statements or leaving out important information on your application;

(b) Do not provide enough staff in relation to the numbers, ages, or characteristics of children in care;

(c) Allow a person who is not qualified by training, experience or temperament to care for or be in contact with children in care;

(d) Fail to provide adequate supervision to children in care;

(e) Do not exercise fiscal responsibility and accountability while operating the center;

(f) Knowingly allow an employee or volunteer on the premises that has made false statements on an application for employment or volunteer service;

(g) Refuse to supply additional information requested by us;

(h) Fail to pay fees when due;

(i) Fail to comply with the minimum licensing requirements set forth in this chapter or any provision of chapter 74.15 RCW; or

(j) Provide care on the premises for children of an age different from the ages for which the center is licensed.

License Actions: Suspension, Summary Suspension, Denial, & Revocation

Clarifying Information

- There are four possible negative actions that can be taken against a license:
  - Suspension: when a license is changed to an inactive status. A suspension takes effect 28 working days from the date the suspension letter is delivered to the owner or administration at the center. This is typically reserved for instances when there is no imminent risk of harm to the children in care.
  - Summary Suspension: a suspension that takes effect in less than 28 days. Typically, a summary suspension is an immediate action and the facility closes at the time the summary suspension letter is delivered to the owner or administration at the center. This action is reserved for those instances where there is risk of imminent harm to the children in care and immediate action is necessary.
  - Revocation: the license is closed with the intent of permanently discontinuing operation of the facility. A revocation action frequently happens in conjunction with either a suspension or a summary suspension.
  - Denial: an application for a license is denied. The process and reasons are the same as the revocation process.
- More information about revocation, suspension, summary suspension, and denial can be found in RCW 43.20A.205.
- In the case of a suspension, revocation, or denial, we must maintain licensing files in the local DCCEL office indefinitely.

- The supervisor reviews and signs suspension, summary suspension, denial, and revocation letters.
- A licensee can request a "stay" of a suspension or summary suspension. A "stay" is a legal action the provider can pursue in court that prevents the suspension from taking place. A stay only influences the date of the suspension and does not affect any revocation that may be happening.
- A licensee may choose to voluntarily surrender a license before expiration or revocation. However, if there are grounds for suspension or revocation, the licensor must proceed with those actions.
- The supervisor must authorize acceptance of voluntary license surrender if there is a negative license action in process. If the supervisor decides to accept voluntary license surrender, there must be an entry made on the person screen in CAMIS indicating that a voluntary surrender was accepted in lieu of revocation. A settlement agreement as a part of the Administrative Hearing process that dictates a voluntary surrender of the license is the most common reason for accepting a voluntary surrender.
- If a licensee voluntarily surrenders a license and reapplies later, we must review all issues relating to the voluntary surrender in determining denial or approval of any new application for license.
- Assistant Attorney's General (AAG) assists the licensor and supervisor in determining whether there are sufficient legal grounds for license denial, suspension, or revocation. The AAG's involvement may vary by county. Any consultation with the AAG is considered privileged communication and is not subject to public disclosure.

Worker Responsibilities

- The licensor must assess the risk of immediate danger to the children in care, and staff the situation with the supervisor. Some regions require consultation with the Assistant Attorney's General (AAG) before initiating a negative licensing action.
- Licensors must record in the SER all contacts with the licensee/applicant relevant to the licensing or complaint process. Licensors must complete the

SER in CAMIS as soon as possible after an event, activity, or contact occurs to ensure accuracy of recording, and no more than 10 working days from the date of the event.

- If a license is revoked, or an application denied, the licensor must record the information in CAMIS under the "person notes" section for the applicant. Contact your Automation Trainer (CAMIS Trainer) if you are unsure of this process or see the Person Notes section of the CAMIS manual for details on the process.
- If a facility receives a DLR/CPS complaint, or if the license is suspended, denied, or revoked, the licensor is responsible to see the "refer" field on the second screen of the "update license" module in Classic CAMIS is updated. Entering an "N" in that field triggers a change in the Child Care Information System (CCIS) that will notify the public there are concerns at the facility. Contact your Automation Trainer (CAMIS Trainer) if you are unsure of this process. Contact your Automation Trainer (CAMIS Trainer) if you are unsure of this process or see the Facility License section of the CAMIS manual for details on the process.
- Before revoking, suspending, or denying a license, the licensor must provide the licensee with a letter (by either personal service or certified mail) that contains the following:
  - Inform the licensee they must not provide child care after a specific date, and that they must notify parents immediately so parents can make alternative arrangements for the care of their children;
  - A description of the violation, citing applicable regulations and laws;
  - A statement of specific actions we expect the licensee to take (including date that child care is to stop operating);
  - Procedures for accessing technical assistance and for requesting a time extension;
  - Provide information on the right to request a stay of the suspension (or summary suspension);
  - Notification of:

(1) the licensee's right to an administrative hearing for the revocation, and (2) the process for requesting that hearing.

- After the legal letter is delivered to the licensee, the licensor must notify the following agencies about the suspension/revocation:
  - The regional child care coordinator for Working Connections, who will notify the relevant Community Service Office (CSO).
  - Child care Resource and Referral agencies.
  - Superintendent of Public Instruction, who will notify the food program.
  - SSPS Program Manager, who will re-code the center so SSPS funds cannot continue to be disbursed.
- The licensor must write an SER detailing the negative licensing action. The SER must include:
  - The reasons for the action.
  - The date the action took effect.
  - The date the licensee was notified of the action. SER's are to be completed no more than 10 working days after the action taken.
- If a licensee does not request an Administrative Hearing, but continues to offer child care services after revocation, we may get an injunction. An injunction is a court order demanding the provider cease offering child care services. There are potential penalties of up to $1000 and 90 days in jail for violation of an injunction. Licensors must staff with the supervisor, the local Assistant Attorney's General (AAG), and the Prosecuting Attorney's office.

Examples

- Some situations that typically require a summary suspension are:
  - A fire marshal or local building inspector's declaration that hazards exist that cannot easily or quickly be fixed.
  - An ongoing history of multiple Child Protective Service (CPS), DLR/CPS, or licensing investigations and/or history of non-compliance with licensing regulations.
  - Evidence or allegations that a staff member or volunteer at the facility has

abused a child and the licensee has not removed the offender from the site and/or notified Children's Administration Intake.

License Actions: Administrative Hearing

Clarifying Information

- A licensee can request an Administrative Hearing before an Administrative Law Judge (ALJ) if they disagree with a Revocation or Denial.
- Either party can appeal an ALJ's decision to the Board of Appeals. The Board of Appeals reviews the ALJ's decision and makes a final decision based on the materials that the ALJ reviewed – no additional hearings are necessary for a review of the ALJ's decision. The licensee may appeal the Board of Appeals decision to the Superior Court.
- There are two possible requests for information that can come from the public: a discovery and a disclosure. The DCCEL Disclosure Coordinator can provide more information on specific disclosure requests. Contact the DCCEL Trainers for training in how to redact a file.
  - *Discovery* is the process of releasing information to the opposing party when there is a hearing or court action. An example would be releasing a redacted copy of the licensing file to a facility (or their attorney) so they can prepare for a revocation hearing.
  - *Disclosure* is the process of releasing information to the public when there is no court action happening. The public may request any information that DSHS holds. An example would be a provider who requests a copy of their licensing file, or the media requesting copies of licensing files.
- Lay representatives (a person who is not an attorney) can represent a provider during an Administrative Hearing. If a lay representative informs us they are representing a child care provider in a hearing, the lay representative is treated like an attorney. Licensors, health specialists and clerical staff who receive such contacts - whether by phone, email, or regular mail – must refer them to their supervisor.
  - Licensing supervisors must then take the following steps:

1. Inform the lay representative of the assigned Assistant Attorney General (AAG).

2. Inform the lay representative all further communication must be between them and the AAG.

3. Other than item 2, above, do not communicate directly with the provider's lay representative unless your AAG authorizes it.

4. Email or call your Field Manager and DCCEL's Administrator for Provider Relations and Licensing Operations at 360.725.4900.

- Lay representatives (a person who is not an attorney) cannot represent child care providers outside the hearing process without engaging in the unauthorized practice of law. This includes negotiating matters involving Facility Licensing Compliance Agreements, probationary licenses, complaints, civil fines, etc.
  - Licensors, health specialists and clerical staff who receive contacts from lay representatives outside the hearing process in the name of a child care provider must refer them to their supervisor.

    Licensing supervisors must then take the following steps:

    1. Inform the lay representative they will work only with the child care provider. Do not discuss the case with the lay representative even if they have a release of information from the provider.

    2. Email or call your Field Manager and DCCEL's Administrator for Provider Relations and Licensing Operations at 360.725.4900.
  - General Rule (GR) 25(c)(1) states lay representatives who disagree with these restrictions can request an advisory opinion from the Practice of Law Board.

Worker Responsibilities

- For any negative license action for which a hearing is requested, the licensor must provide:
  - An unredacted copy of the facility file to the local Assistant Attorney's General (AAG), and
  - A redacted copy of the file to the licensee and/or their attorney.

In some DCCEL offices, the local AAG will provide the redacted copy of the file to the licensee and/or their attorney.

- The licensor must organize the facility file and contact the DCCEL Disclosure Coordinator for the office. The Supervisor will identify the DCCEL Disclosure Coordinator for the office. The Disclosure Coordinator determines:
  - Who will redact the file, and
  - The timelines for providing the files to the various parties in the hearing. Some offices redact files in-house and other offices have an arrangement with their local Assistant Attorney's General (AAG).
- More information about the Administrative Hearing process can be found on the Office of Administrative Hearings internet site.

WAC 388-295-0110 When can I be fined for not following the minimum licensing requirements?

(1) We notify you in writing of our intention to impose a civil fine. We may use personal service, including by our licensor, or certified mail. The letter will include:

(a) A description of the violation and a quote of the law or rule that you have failed to meet;

(b) A statement of what you must do to come into compliance;

(c) The date by which we require compliance;

(d) Information about the maximum allowable penalty we can impose if you do not come into compliance by the given date;

(e) How you can get technical assistance services provided by us or by others; and

(f) Information about how you can request an extension to the date you must be in compliance, if we decide you have a good reason.

(2) The length of time we establish for you to come into compliance depends on:

(a) The seriousness of the violation;

(b) The potential threat to the health, safety and welfare of children in your care; or

(c) If you have had previous opportunities to correct the deficiency and have not done so.

(3) We use the following criteria to determine if we impose a civil fine based on, but not limited to, these reasons:

(a) The child care center has previously been subject to an enforcement action for the same or similar type of violation for the same statute or rule; or

(b) The child care center has previously been given notice of the same or similar type of violation of the same law or rule; or

(c) The violation represents a potential threat to the health, safety, and/or welfare of children in care.

(4) We can impose a civil fine in addition to or at the same time as other disciplinary actions against a child care center. These include probation, suspension, or other action.

(5) You must pay any civil fines no more than twenty-eight days after you receive the notice that you have a fine. We may specify a later date.

(6) We can waive the fine if your center comes into compliance during the notification period.

(7) You must post the final notice of a civil fine in a noticeable place in your center. The notice must remain posted until we notify you that we have received your payment.

(8) Each violation of a law or rule is a separate violation. We can penalize each violation. We can impose a penalty for each day the violation continues or as a flat amount of the maximum allowable penalty.

(9) If you fail to pay your fine within ten days after the assessment becomes final, we can suspend, revoke, or not renew your license.

(10) You have the right to a hearing when we assess a civil fine under RCW 43.20A.215.

Compliance Agreements

Clarifying Information

- All sections of the Facility Licensing Compliance Agreement (Spanish) must be completed, including the date the copy of the document is expected to be returned to the local DCCEL office, all signatures and dates, and WAC citations.
- The Facility Licensing Compliance Agreement (Spanish) must only be used for violations of WAC. Licensors do not enforce “best practice”, and all items listed on the Compliance Agreement must be accompanied by a WAC citation.
- The Facility Licensing Compliance Agreement (Spanish) must not be used for

"contracts" with providers or other non-violations of the regulations. All items listed on the Compliance Agreement must be accompanied by a WAC citation.

- If a monitor or licensing visit results in several non-compliant issues with different times for completion, it is permissible to write the near-term items on one Facility Licensing Compliance Agreement (Spanish), and the longer-term items on a second Compliance Agreement. This helps to facilitate the prompt return of at least one of the Compliance Agreements with the bulk of the non-compliant issues.

Worker Responsibilities

- The process for completing a Facility Licensing Compliance Agreement (Spanish) is:

  1. Licensor visits the facility and either observes the non-compliance or has evidence the non-compliance exists.

  2. Licensor documents non-compliance using the Facility Licensing Compliance Agreement (Spanish).

  3. If the provider disagrees with any of the non-compliance issues, they can indicate their disagreement on the Compliance Agreement form by checking a box at the bottom of the form. The licensor then gives the provider a copy of the Facility Licensing Compliance Agreement Addendum: Supervisory Review Request (Spanish) to be filled in by the provider. (The Supervisory Review Request form is intended to allow the provider to show how the believe they meet the intent of the WAC. This form must not be used to challenge the validity of the WAC).

  4. If items on the Facility Licensing Compliance Agreement (Spanish) were contested, the provider must correct all uncontested compliance issues within the timeframe set by the licensor. Any contested items may be delayed until the review process is complete.

  5. If items on the Facility Licensing Compliance Agreement (Spanish) were contested, the licensor gives a copy of the Compliance Agreement and

the Supervisory Review Request to their supervisor.

6. The supervisor reviews the Compliance Agreement and the Supervisory Review Request.

7. If the supervisor supports the Compliance Agreement as written, they:
    - Initial the Supervisory Review Request as approved.
    - Send a form letter to the provider stating that supervisory review has occurred and the Compliance Agreement is approved as written by the licensor.
    - The letter must state the provider has the option to contact the Field Manager if they continue to disagree.
    - The letter to the provider must include a copy of the signed Supervisory Review Request.

8. If the supervisor does not approve the Compliance Agreement as written, they will discuss modification of the plan with the licensor, and if needed, accompany the licensor to the facility to resolve the issue.

9. If the provider contacts the field manager and is still not able to resolve the issue within 14 days, there is no further appeal right. We may assess a Civil Penalty, a Probationary License, or other negative licensing action as necessary.

- Licensors must consult with the supervisor if Civil Penalties are to be levied on any provider, including those with disputed Compliance Agreements.

Civil Penalties: Intent to Impose

Clarifying Information

- The first step in the civil penalty process is to send an “Intent to Impose Civil Penalties” letter. If corrections are not made within the required timeframe, the licensor must send a “Civil Penalties Imposed” letter.
- Civil penalties, either intent or imposed, must not be used when a person has an initial license. If there are enough violations of licensing regulations during

the initial license period, the licensor should deny the application and revoke the initial license.

- Copies of "Intent to Impose Civil Penalty" letter are distributed as follows:
  - Original to licensee;
  - Copy to file;
  - Copy to supervisor;
  - Copy to field manager.

Worker Responsibilities

- Potential civil penalties must be staffed with the supervisor. If the licensor believes civil penalties (either intent or imposed) are in order, they must gather the history and make a case to the supervisor
- The licensor must write the civil penalties letter for the supervisor's signature. The letter may be either:
  - Hand-delivered. For a hand delivered letter, proof of service would be an SER stating who delivered the letter, time and date of delivery, and who received the letter.
  - Sent by certified mail, but the delivery method must show proof of service. Consult with your local AAG to determine if an affidavit attesting to delivery should be completed. If the civil penalty letter is sent certified mail, the return postcard provides proof of service.

Examples

- A center has a history of hiring staff but not promptly submitting Background Authorizations to DCCEL. The licensor has had numerous discussions with the director during the past several years, and has cited them in Facility Licensing Compliance Agreements for violation of WAC 388-295-7050 twice in the past year. After staffing with the supervisor, it is decided to send an "Intent to Impose Civil Penalty" letter to this center informing them that any future violations of this regulation could risk civil penalties for $250/day. The licensor decides to hand-deliver this letter to the director, giving him the opportunity to discuss the implications of the Intent to Impose Civil Penalties letter and to help stress the seriousness of future violations.

Civil Penalties: Imposed

Clarifying Information

- The imposition of civil penalties must be staffed with a supervisor.
- Civil penalties can be "lifted" if the licensor writes a letter to Office of Financial Recovery (OFR) rescinding the fine. OFR requires that this be done in writing and that word "rescinded" is used.
- Copies of the "Notice of Imposition of Civil Penalties" letter are distributed as follows:
  - Original to licensee;
  - Copy to file;
  - Copy to supervisor;
  - Copy to field manager;
  - Copy to local AAG;
  - Copy to the Office of Financial Recovery/Vendor Program Unit.

Worker Responsibilities

- The licensor must create an SER detailing any imposed civil penalties, using the "Fine Assessed" SER code. See the CAMIS manual for more details about creating SER's.
- The licensor must confirm that the civil penalties letter (for any imposed penalties) is posted in a public location at the facility. Discuss with the center that the notice must remain posted until the licensor receives confirmation that the fine has been paid. "Intent to Impose Civil Penalty" letters are not required to be posted at the facility.
- The licensor must confirm that the center has paid the fine or made arrangements with Office of Financial Recovery (OFR) to make payments on the fine. The licensor must enter this information into an SER. After the licensor confirms with OFR that the fine has been paid, the licensor must notify the facility that they can remove the civil penalty letter that has been posted at the site.
- If the center fails to pay the fine or make arrangements with OFR to make

payments, the licensor must staff further licensing action (denial, suspension, revocation, probation) with the supervisor.

Examples

- A center has a history of hiring staff but not promptly submitting Background Authorizations to DCCEL. They have been fined with civil penalties in the past. The licensor makes a monitor visit to the center. During the visit, the director hands the licensor a stack of un-submitted Background Authorizations. One of the Background Authorizations is dated nine weeks prior to the licensors visit, meaning that it is eight weeks overdue. The licensor reminds the director about the possibility of civil penalties. After staffing with the supervisor, it is decided to levy civil penalties against this center. The next chore is to decide a logical date to begin the civil penalty; the licensor and supervisor decide to use the first day that the oldest of the Background Authorizations was overdue. This would be eight weeks prior, so the fines were $250 x 40 days = $10,000. The 40 days was derived by multiplying 5 days (working days in the week) x 8 weeks (number of weeks the Background Authorization was overdue). The field manager must approve any fine over $1000.
- A center has been given an “Intent to Impose civil penalty” letter in the past for not providing a playground for the children in care. Over the years that the center has been licensed, they have frequently turned the playground area into a parking lot, storage space, etc, and during those times it was unavailable for use by the children. Never did the playground have proper equipment. The licensor makes a monitor visit and discovers that no progress has been made in constructing a permanent playground. After staffing with the supervisor, it is decided to base the fine on the time that has passed since the last Facility Licensing Compliance Agreement. That Compliance Agreement was over three months old and the deadline listed in that agreement passed over two months prior. The final civil penalty was $17,000, which is 68 working days x $250.

WAC 388-295-0120 How much can I be fined?

We can impose a civil fine for the following:

(1) If we determine that an agency or child care center is operating without a license we may assess a fine of two hundred fifty dollars per day for each day you provide unlicensed child care. A fine is effective and payable within thirty days of receipt of the notification.

(2) We may impose a civil monetary fine of two hundred fifty dollars per violation per day for violation of any rules in chapter 388-295 WAC. We can assess and collect the fine with interest for each day that you fail to come into compliance.

Civil Penalties: Amounts

Clarifying Information

- The determining factors when setting the size of the fine are:
  (1) the length of time the violation has existed, and
  (2) the nature of the violation and potential threat to the safety, health, & welfare of the children in care.
- The field manager must approve civil penalties over $1000.
- Licensees have a right to an Administrative Hearing to contest:
  (1) the size of any civil penalties and
  (2) the imposition of the civil penalty.

Worker Responsibilities

- The licensor must determine the size of the fine by:
  (1) gathering the history of the facility, including any supporting documentation showing the extent of the violations, and
  (2) staffing with supervisor.

Examples

- A parent phones Children's Administration Intake and states that they have been taking their child to a childcare facility and they suspect it is not licensed. The parent has invoices and canceled checks showing that they have been billed, and paid for, childcare services for six months. The licensor

investigates and determines that not only is the facility not licensed, but also the owner made a conscious choice to avoid licensing. What should the licensor do? Check to establish whether this facility has had similar complaints in the past. If so, and if there has there been an "Intent to Impose Civil Penalty" letter delivered in the past, then civil penalties are an option. Staff with supervisor the size of the fine. If after staffing with the supervisor, it is determined that civil penalties are appropriate, the licensor could fine the center for each working day that the parent is able to provide evidence of unlicensed childcare (the invoices and canceled checks). The final size of the fine is determined by the situation.

WAC 388-295-0130 When can I be fined for operating an unlicensed program?

(1) If we receive information that you are operating a child care center without a license, we investigate the allegation.

(2) We contact you, send you a letter, or make an on-site visit to your center to determine whether you are operating without a license.

(3) If we determine that you personally or on behalf of another person are operating a child care center without a license, we send written notification by certified mail or other method showing proof of service to the owner of the unlicensed center. This notification must contain the following:

(a) Notice to the center owner of our basis for determination that the owner is providing child care without a license and the need for us to license the center;

(b) Citation of the applicable law;

(c) The fine is effective and payable within thirty days of the agency's receipt of the notification;

(d) Information about how to contact the division of child care and early learning;

(e) The requirement that the unlicensed center owner submit an application for a license to the division of child care and early learning within thirty days of receipt of our notification;

(f) That we can forgive the fine if the center submits an application within thirty days of

the notification; and

(g) The unlicensed center owner's right to an adjudicative proceeding (fair hearing) as a result of the assessment of a monetary fine and how to request an adjudicative proceeding.

Unlicensed Child Care: Investigating Allegations

Clarifying Information

- An unlicensed center may not operate while completing the licensing process. If an unlicensed center is discovered, they must cease offering childcare services to the pubic until they meet licensing regulations and are issued a license by DCCEL.
- An unlicensed center may not be aware of the need to be licensed. An educational approach is the best tactic to take, pointing out the requirements in RCW for licensure and the benefits of being licensed: access to referral services, local health authority nurses, food programs, subsidy payments, etc.
- Investigation process for allegations of unlicensed care:
  (1) Licensor receives notice of unlicensed care (usually from a CAMIS alert, but could also be by letter or phone contact from the public).
  (2) An “Intent to Impose Civil Penalties” letter for providing unlicensed care is sent to the subject of the investigation.
  (3) If there is no response to the letter (or if the facility does not stop offering child care services) the licensor must discuss further action (such as civil penalties) with the supervisor and staff with AAG if appropriate.
- If an unlicensed facility refuses to stop offering child care services, it is possible to obtain an injunction ordering them to quit. An injunction must not be used until after civil penalties have failed. This must always be staffed with the supervisor. The local AAG will have more information on obtaining an injunction.

Worker Responsibilities

- The licensor must investigate all allegations of unlicensed child care. The process begins by delivering an “Intent to Impose Civil Penalties for

Unlicensed Care" letter. The letter can be either hand-delivered or sent by certified mail, but the delivery method must show proof of service. If hand delivered, an SER stating who delivered the letter, date of delivery, and who received the letter will provide proof of service. If sent Certified Mail, the return postcard provides proof of service. The letter must inform the unlicensed child care that providing child care without a license is a violation of RCW 74.15.150. Since unlicensed child care programs may be unaware of the need to be licensed, this should be done in an educational, non-threatening manner, while still making it clear that Washington state law requires a license for a facility providing care to children age twelve and under.

Examples

- Allegations are received about a child care center operating without a license. When the licensor investigates, they discover a child care center with a nearly full roster of children enrolled. The licensor delivers an "Intent to Impose Civil Penalties" letter for doing unlicensed child care. The owner/director of the center states they obtained a business license from the local municipality and were not aware of any further requirements. What should the licensor do? The licensor should offer technical assistance to help the center become licensed, however the center needs to close while the licensing process is underway. If the center continues operating, they are doing so with no Fire or health inspection, no Background Authorizations for any of the staff, and no licensing inspection; there would be a large potential risk to children in care.

Unlicensed Child Care: Civil Penalties

Clarifying Information

- The potential penalty for offering unlicensed child care is $250/day for every day it can be demonstrated that unlicensed child care services were offered to the public.
- We can assess civil penalties on an unlicensed center if they continue to operate as a child care after we have given them formal notice (an Intent to Impose Civil Penalties letter) to cease operations.

- If a licensee continues to offer child care services after we have notified them that they must stop, we can get an injunction. An injunction is a court order demanding that the provider cease offering child care services. There are potential penalties of up to $1000 and 90 days in jail for violation of an injunction. The licensor must staff any potential injunctions with the supervisor, the local AAG, and the Prosecuting Attorney's office.

Worker Responsibilities

- If a center (that has already been formally notified that they need to be licensed) does not close and makes no effort to obtain a license, the licensor must staff with the supervisor the possibility of imposing civil penalties.
- The licensor must staff any potential fine amounts with the supervisor. The Field Manager must approve civil penalties over $1000. A facility can be fined from:
  - The date of the Intent to Impose Civil Penalties letter,
  - The date of any other formal notification from DCCEL that they must obtain a license, or
  - The fine can be based on evidence such as invoices or canceled checks.

Examples

- A currently licensed child care center phones in a complaint to Children's Administration Intake about an unlicensed program operating near them. After investigating, the licensor determines this center does not qualify for any of the exemptions listed in RCW 74.15.020(2). An "Intent to Impose Civil Penalties" letter is hand-delivered to the owner/operator of the program, but after three weeks the center has made no move to close the facility and has taken no steps to begin the licensing process. What must the licensor do? The licensor must staff with the supervisor the option of imposing civil penalties.
- In the example above, the center was next levied with civil penalties for $3750.00. This amounts to $250.00 x 15 days, which is the number of days between the date the Intent to Impose Civil Penalties letter was delivered and the date the decision was made to impose the civil penalty. The owner of the

center immediately closed the center, attended orientation, and is proceeding with the licensing process. The owner has explained that payment of the fine would be a hardship and has asked the licensor if the fine can be "forgiven". What should the licensor do? The licensor must staff with the supervisor. It is possible to forgive an imposed civil penalty by writing a letter to the Office of Financial Recovery and telling them that the fine has been "rescinded". It is also possible to negotiate a lower fee with the provider; if this happens and is approved by the supervisor, a letter must be written to Office of Financial Recovery notifying them of the change.

WAC 388-295-0140 When can the department issue a probationary license to a child care center operator?

(1) We can issue a probationary license to you based on the following factors:

(a) Your willful or negligent failure to comply with the regulations;

(b) Your history of noncompliance with the regulations;

(c) How far you deviate from the regulations;

(d) Evidence of your good faith effort to comply with the regulations; and

(e) Any other factors relevant to your unique situation.

(2) We can issue a probationary license to you when the willful or negligent violation of the licensing requirements does not present an immediate threat to the health and well being of the children, but would be likely to do so if allowed to continue. We can also issue civil fines or other sanctions in this case. Such situations can include:

(a) Substantiation that a child was abused or neglected while in the care of the center;

(b) A fire safety inspection or health/sanitation inspection report that has been disapproved;

(c) Use of unauthorized space for child care;

(d) Inadequate supervision of children;

(e) Under staffing for the number of children in care; and

(f) Noncompliance with requirements addressing children's health, proper nutrition, discipline, emergency medical plan, sanitation and personal hygiene practices.

(3) You are required to notify parents when a probationary license is issued. You must:

(a) Notify in writing the parents or guardians of all children in care that the center is in probationary status. This notification must be within five working days of your receiving notification of being placed on probationary status or being issued a probationary license. We must approve the notification before you send it; and

(b) Provide documentation to us that parents or guardians of all children in care have been notified. You must provide this documentation within ten working days of being notified that you have been issued a probationary license.

(4) A probationary license can be issued for up to six months and can be extended at our discretion for an additional six months.

License Actions: Probationary

Clarifying Information

- A probationary license is appropriate for those licensees who:
  - Have a demonstrated history of failing to follow through with required Facility Licensing Compliance Agreements and/or
  - Have had civil penalties levied with no apparent change in operating conditions.
- Licensors should only consider a probationary license when continued operation of the center will not pose an immediate threat to the health, safety, and well being of children. If the potential health, safety, and well being of the children in care are in question, the licensor must consider other options, including suspension and revocation.
- Probationary licenses are voluntary and they do not have to be accepted by the licensee. If the facility rejects the offer of a probationary license, staff other appropriate options with the supervisor.
- A probationary license is valid for six months and can be reissued for an additional six months. At the end of the probationary license period, the facility must have corrected all problems that led to the probationary license if the full license is to be reinstated.
- Since the licensee agrees to the probationary license, it is not necessary to send notification to the AAG.

- Civil penalties can be issued in conjunction with a probationary license.
- We will not reissue a full license to a facility if not conditions of the probationary license have not been corrected during the term of the probationary license.

Worker Responsibilities

- The licensor must staff any potential probationary licenses with the supervisor. The licensor must present to the supervisor all relevant information pertaining to the potential probationary license, including (but not limited to): complaint history, past Facility Licensing Compliance Agreements, waivers.
- Review documentation from the facility to ensure that all parents have been notified of the probationary license.
- Perform more frequent monitor visits at the facility and offer technical assistance during the course of the probationary license.
- Ensure that the probationary license has been posted at the facility. Remove the initial, full or renewal license from the premises (can either be removed by the licensor or returned to DCCEL by mail).
- For every probationary license, the licensor must develop a Plan of Correction, listing specific items that must be corrected before the full license can be reinstated.
- If the conditions at the facility do not improve, and there is reason to believe that continued operation of the center poses a risk to the health, safety, or well being of the children in care, the licensor must immediately terminate the probationary license and staff other possible actions with the supervisor.

Examples

- The owner of a center has been making substantial modifications to the building for several years. The projects seem to never end, and each time the licensor visits the facility there is a new project happening. The owner has not informed the licensor of any of these modifications before beginning them. The licensor stops for a routine monitor visit and discovers that another modification currently in process is the removal of one of the toilet stalls in the

children's bathroom and the installation of two new, smaller stalls in its place. The licensor has discussed ongoing construction with the provider in the past. Two years prior civil penalties were levied for failure to notify DCCEL of substantial changes at the facility. Several letters have been sent to the owner from the past two licensors. What should the licensor do next? It would be appropriate to staff with the supervisor the history of this facility and the possibility of a probationary license.

- A licensor receives an anonymous complaint alleging there is ongoing turnover at a center, the director has walked out, and the center is unable to adequately and reliably staff all the rooms. On investigation, the licensor discovers two staff members supervising children in four different rooms. The history of this site shows this has happened in the past and this center has been fined for this recently. Should the licensor discuss a probationary license for this site? This is not a good candidate for a probationary license. We issue probationary licenses only when they will not present an immediate threat to the health and well being of the children. In this instance, the low level of staff available means that some rooms are not staffed at adequate levels, and that does present a potential threat to the health and well being of the children in care. The fact that fines have been levied in the past and there is no apparent improvement is important in this decision. The licensor must staff with the supervisor potential options, including suspension and revocation.

WAC 388-295-0150 Where can I locate my child care center or facility?

(1) You must locate your child care center:

(a) On an environmentally safe site;

(b) In a neighborhood free of a condition detrimental to the child's welfare; and

(c) In a location accessible to other services to carry out the program.

(2) Your child care must be located in an area that is serviced by emergency fire, medical and police during the hours the children are in care.

(3) The location of your site must be approved by the local planning department, your state fire marshal, and us.

Location of Child Care Center

Clarifying Information

- It is the applicant's responsibility to make contact with local county or municipal planning departments and obtain any needed inspections or permits.
- It is the applicant's responsibility to confirm the site is served by emergency fire, medical, and police during childcare hours.

Worker Responsibilities

- Confirm with the center that the site is served by emergency fire, medical, and police during childcare hours.
- Confirm with the center that they have contacted all local jurisdictions and obtained any additional permits that might be required.
- Add a copy of the Certificate of Occupancy to the center file.
- Contact the State fire marshal and schedule a Fire Inspection.

Examples

- Examples of sites that may not be environmentally safe:
  - A location with a large pool of standing water in the playground is not appropriate. It is a breeding ground for insects, interferes with outdoor play, and creates a supervision problem for the staff. The applicant would need a realistic plan to drain the water and increase the ability of the soil to percolate so standing water does not continue to collect.
  - A building that had previously been used to store or process potentially hazardous chemicals. The applicant would need to demonstrate that the chemicals could be cleaned to a point where there is no longer a hazard to the children in care or to the staff working at the site.
  - Colonies of rats or other rodents nearby, or located near a site that attracts rodents. The applicant would need to submit a written proposal to the licensor detailing how they will control the rodent population on the site.
  - Adjacent to an active gravel pit would not be suitable because of the noise

from trucks and conveyors, and the dust in the air. The applicant would need to develop a plan that demonstrates how the sound levels can be kept down (including on the playground), how dust and other airborne contaminants will be controlled, and how the children will be kept safe from the heavy truck traffic that accompanies gravel pits.

  - Mold growth that cannot be corrected.

- Examples of sites that may have “conditions detrimental to the welfare of the child”:
  - Active drug deals and prostitution on the playground or near the building
  - Adult video stores.
  - Half-way house for registered sex offenders.
  - A site that is directly on a major highway could require some additional security on the playground and at the building entrance/exit in order to make certain that children do not escape the center and gain access to the road.

SECTION B: STAFFING

WAC 388-295-1010 Who can be the director of a child care center?

If you apply for a license to operate a child care center, you may be the director yourself, or you can hire a director. The director is responsible for the overall management of the center's facility and operation and ensures that the center follows the minimum licensing requirements. The director must:

(1) Be at least twenty-one years of age or older;

(2) Have knowledge of child development as evidenced by professional reference, education, experience, and on-the-job performance;

(3) Have written proof of education including:

(a) A current child development associate certificate (CDA); or

(b) The following minimum number of college quarter.* credits or combination of college quarter credits and department-approved clock hours (ten clock hours equals one college credit) in early childhood education or child development:

If your center is licensed for this number of children:	Then the director must have completed at least this number of college quarter credits in early childhood education:	Of the total credits required, the minimum number that must be college quarter credits is:	And of the total credits required, the maximum number that can be department-approved clock hours is:
(i) Twelve or less	10	7	30 (replacing 3 college quarter hours)
(ii) Thirteen through 24	25	17	80 (replacing 8 college quarter hours)
(iii) Twenty-five or more	45	30	150 (replacing 15 college quarter hours)

.*Note: One college semester credit equals one and one half (1.5) college quarter hours

(4) Have at least two years experience working with children the same age level as the center serves;

(5) Not let the provision of child care interfere with management or supervisory

responsibilities;

(6) Be on the premises for the majority of the hours that care is provided and designate a person to be in charge that meets the qualifications of a lead teacher when not present; and

(7) Meet the STARS requirement and be listed in the state training and registry system (STARS).

Qualifications: Administration

Clarifying Information

- We do not waive STARS requirements (either the basic 20 hour or the ongoing 10 hour). There was a time period at the initiation of the STARS program when there were a limited number of waivers issued for the 20-hour basic STARS requirement, so there will be some older waivers for STARS in the files. This process was discontinued after STARS was fully implemented and these waivers are no longer issued. Staff who obtained STARS waivers during this time period are considered "grandfathered" into the basic STARS requirements and are not required to obtain additional waivers or take the 20-hour STARS class.
- The only current method for a provider to get an exception to STARS 20 hour basic requirements is to request an Educational Exemption from Washington Association for the Education of Young Children (WAEYC). There are no exemptions or waivers for the 10-hour STARS requirement. The STARS program examines documentation for possible educational exemptions; the licensor does not issue waivers or exemptions to the STARS requirements.
- Some licensees, lead teachers, directors, and program supervisors take classes from non-traditional organizations, or they have credentials from various schools that use alternatives to college credits. They still must submit a Provider Profile form to STARS. Some common alternative education programs are:
    - *Correspondence Schools*: several non-traditional education institutions offer independent study through correspondence. Licensors can accept on-line correspondence courses if they have been accredited. Generally,

agencies that can accept Federal Student Aid have been accredited. Using one major correspondence school as an example [International Correspondence Schools (ICS)]:
6 semester hours = 90 clock hours;
1 semester credit = 15 clock hours;
1 quarter credit = 10 clock hours.

- *Montessori Credential*: Montessori training certificates can be accepted. The licensor must investigate the background of the training certificate before accepting the training. A provider meets the 20-hour or 2 credit basic STARS requirement of this regulation by having a Montessori credential from a Montessori training program accredited by the Montessori Accreditation Commission for Teacher Education (MACTE), the American Montessori Society (AMS), or the Association Montessori International (AMI). To determine if a training program is accredited, the licensor must examine the current list of accredited programs on the appropriate website listed above. If the licensor is unsure about the age range for a Montessori credential, ask the provider for a transcript.
- If a certificate indicates a “pre-primary” focus, then the courses focused on 3-6 year olds.
- If the certificate indicates a “primary” focus, the courses focused on 6-9 year olds.
- MACTE accredited programs use “early childhood” to indicate that the courses focused on 3-6 year olds.
- When the title of the credential on an AMS certificate states “provisional” or “associate” credential, which indicates the provider does not have a bachelor’s degree and so has not yet been awarded a full Montessori credential. A provisional credential is exempt from the 20-hour or 2 credit basic STARS course.
- Military Modules: Providers who have a Certificate of Completion for the 15 military modules are exempt from the 20 hour Basic STARS or two credit training course. Licensors can contact the military child care liaison for more information. It is important to keep in mind: if a facility is licensed

by the military and certified by DCCEL, then we accept their license as meeting all requirements and only certify for purposes of subsidy payments – additional education beyond that required by the military is not required if the facility is licensed by the military.

- Only a qualified education organization can issue a Child Development Associate (CDA) credential. The Council for Professional Recognition administers the CDA program and maintains a list on their web site of education organizations authorized to issue the CDA credential.
- A Child Development Associate (CDA) credential is valid for three years from the date of issue. directors and/or program supervisors qualifying for the education requirements by virtue of a CDA are required to hold a *current* CDA credential. Invalid or expired CDA credentials do not meet the intent of this portion of the licensing regulations.
- A CDA for infant/toddler, preschool, home-based, or center-based meet the education requirements of this regulation.
- Valid Montessori credentials meet the 45 college credits required for a director, if the credits are Early Childhood Education (ECE) credits.
- All credits may come from a non-traditional source, assuming that the credits all qualify as Early Child Education (ECE) or Child Development (CD) classes. Non-traditional sources typically are correspondence schools.

Worker Responsibilities

- Licensors must evaluate the director and/or program supervisor's knowledge of child development based on a review of their references, transcripts, paid work history and volunteer history. If there are any questions raised by these items, the licensor must follow up by contacting the director and/or program supervisor for more information. Some examples of questions that might be asked: Is the education program accredited? Are the classes clearly Early Childhood Education (ECE) or Child Development (CD) oriented? Was the work experience in child care offering direct child care services to children? Was the work experience in another capacity (cook, administration, etc)?
- The licensor must evaluate the college/education transcripts to determine if

the director and/or program supervisor is qualified. The licensor then adds the transcripts to the proper section of the licensing file. College credits must be from an approved, accredited college or university, and they must be Early Childhood Education (ECE) and/or Child Development (CD) classes.

- The licensor must confirm that a Child Development Associate (CDA) credential is current if that is what the Director and/or program supervisor uses to meet the education requirements of this section.
- If a director and/or program supervisor is unable to complete the STARS requirement within six months because of a lack of available STARS classes in their geographic area, the licensor may consider a waiver for more time to complete this requirement. The waiver would not exempt the staff person from the STARS requirement, but may only be for more time to complete the requirement.

Examples

- The licensor receives a complaint that the director of a center is short-handed in the classrooms and has been working in a classroom on a regular basis. The referent states this has been going on for many months and the director has not been available to parents for consultations or other administrative concerns. The licensor investigates and discovers the allegations to be true. What should the licensor do? The licensor must write a Facility Licensing Compliance Agreement advising the director that, although they may work in the classroom on a limited basis, they must not let classroom work interfere with their administrative responsibilities at the center.
- A director is frequently not on the premises of the center because they are taking Early Childhood Education classes at a local community college when the center is open. The licensor makes a monitor visit and does not find a staff person who is clearly in charge of the facility. One of the staff says she is in charge, but is not able to access records and files. What should the licensor do? The licensor must discuss with the director that they must be on the premises for the majority of the time. During those times when the director is off the premises, there must be a person who is at least lead teacher-qualified in charge of the facility (this would include program supervisors and

assistant directors, if any). This means the person who is left in charge must have full access to all records and files, know all procedures for emergencies, and be fully confident about taking charge of the center during the directors absence.

- A director has a CDA credential (or an Associate or Arts degree in Early Childhood Education) and they believe they meet the STARS requirements. Do they? Maybe, but not unless they apply, and get approval for, an education exemption from WAEYC. Only after STARS has reviewed their education, and if they are granted an education exemption, would they meet the STARS requirement. The education exemption letter must be added to their personnel file at the center and to the centers file in the DCCEL office. There is no exemption for the 10-hour training.
- A director has a degree and/or transcripts from another country. How does the licensor evaluate this? The licensor must contact the person submitting the transcripts and obtain their assistance in evaluating the transcripts in terms of familiar education requirements. There is no reason a degree and/or transcripts cannot qualify a person under this regulation, but the classes taken must meet the intent of this regulation.

WAC 388-295-1020 What if the director does not meet the minimum qualifications?

(1) If the director does not meet the requirements in WAC 388-295-1010, you must have a program supervisor who:

(a) Meets all the qualifications of WAC 388-295-1010;

(b) Oversees the planning and supervising of the center's learning and activity program to ensure that practices meet the WAC, are varied and developmentally appropriate; and

(c) Performs on-site program supervisory duties twenty hours or more a week and is not included in the staff to child ratio. If we request it, you must provide documentation of the twenty hours or more a week on site supervisory duties for the program supervisor.

(2) If the director does not meet the minimum requirements in WAC 388-295-1010 the director must have had at least one three credit college class in early childhood education or development.

(3) One person may be both the director and the program supervisor when qualified for both positions. The director or program supervisor must be on the premises for the majority of the hours that care is provided. If temporarily absent from the center, the director or program supervisor must leave a competent, designated staff person in charge who meets the qualifications of a lead staff person.

(4) The director or program supervisor may also serve as child care staff when that role does not interfere with management and supervisory responsibilities.

Qualifications: Director does not meet minimum qualifications

Clarifying Information

- When a director is temporarily absent from the child care (less than the majority of the day) or away from the center for an extended period (more than the majority of the day), there must be a staff who is at least lead teacher qualified in full charge of the facility.
- If the director is absent from the child care premises for longer than one week, the director must inform the licensor and supply a resume, transcripts, and other documentation required by WAC 388-295-1010 for the person who will be in charge of the facility during the director's absence.
- This regulation states that a program supervisor "performs on-site program supervisory duties twenty hours or more a week and is not included in the staff to child ratio". This means out-of-classroom work. Some examples are: reviewing curriculum plan, staff training, observing staff, monitoring developmentally appropriate practices in the classrooms, etc.

Worker Responsibilities

- The licensor must evaluate credentials and decide whether a person can fill the role of both director and program supervisor. They must be qualified for both positions if they are to fill both roles. The licensor must also discuss this during orientation.

Examples

- A director does not meet the minimum qualifications for the position, but is attending an approved education program and is within six months of meeting

the minimum qualifications. The owner of the center asks the licensor for a waiver allowing this individual to be the director pending completion of the program that will qualify them. What should the licensor do? It is possible to write a waiver allowing more time to become qualified. The director must present to the licensor a plan that include details about how the qualifications for this position will be met, and the time frame for when they will be met. The time frame for completion must be short (no more than six months), the licensor must evaluate the waiver in the same manner as all other waivers (review complaint history, compliance, etc). It is the licensors responsibility to evaluate the plan and decide if it is adequate, always keeping in mind that the best interests of the children in care is the paramount objective.

WAC 388-295-1030 Who can be a lead teacher in a child care center?

The lead teacher is a child care staff person who is in charge of a child or group of children and implements the activity program. The lead teacher must:

(1) Be at least eighteen years of age or older;

(2) Have completed a high school education or the equivalent; and

(3) Have documented child development education or work experience; or

(4) Complete STARS training within six months of becoming a lead teacher.

Qualifications: Lead Teacher

Clarifying Information

- The term “documented child development education” refers to the requirements listed in WAC 388-295-1060. Acceptable child development education would be:
  - The 20-hour basic STARS training, or
  - A current Child Development Associate (CDA) credential or equivalent, or
  - Twelve or more credits in Early Childhood Education or Child Development education, or
  - An Associate of Arts (AA), Associate of Arts & Science (AAS) or higher degree in Early Childhood Education or Child Development.

- The term "work experience" refers to work providing direct care and supervision to children.

Worker Responsibilities

- If a lead teacher is unable to complete the STARS requirement within six months because of a lack of available STARS classes in their geographic area, the licensor may consider a waiver for more time to complete this requirement. The waiver may not exempt the lead teacher from the STARS requirement, but may only allow more time to complete the requirement. The lead teacher must justify the need for the waiver and provide a plan with a specific time frame for completion of this requirement; the time frame must be included in the waiver.

WAC 388-295-1040 Who can be an assistant or aide in a child care center?

You may assign a child care assistant or aide to support the lead child care staff.

(1) The assistant or aide must be:

(a) At least sixteen years of age; and

(b) Under the direct supervision of a lead child care staff person.

(2) You may assign an assistant who is age eighteen or older to care for a child or a group of children under direct supervision of a lead staff person. This person may have sole responsibility for a group of children without direct supervision by a superior for a brief period of time.

(3) You must not assign a person under the age of eighteen years sole responsibility for a group of children.

Qualifications: Assistant or Aide

Clarifying Information

- Assistants and aides must always be under the direct supervision of a lead teacher. This includes time spent on the playground, during field trips, and while in vehicles transporting children to/from field trips.
- Although an assistant or aide age 18 or over may have sole responsibility for

a group of children for a brief period of time, they must be fully qualified before they are placed in that role. By "fully qualified", it is meant they will possess current First Aid and CPR training for the age group being served and they have completed Bloodborne Pathogen (including HIV/AIDS) training. This is in addition to the Background Authorization and TB test that are required at time of employment.

- A "brief period of time" is defined as no more than 15 minutes.

Worker Responsibilities

- The licensor must verify the qualifications for any assistant or aide by doing a random sample review of the personnel files at the center. This must be done during monitor, initial and re-licensing visits. The quantity of files included in the random sample must be enough to fill the review section of the Child Care Center Monitoring Checklist or the Child Care Center Checklist. Qualifications must be fully documented in the personnel files located at the center as described in WAC 388-295-7050.

Examples

- A child care center is planning a field trip to the zoo. They plan to use private vehicles to transport the children (the center does not have a van or bus). They are short on drivers and plan to use an assistant to drive one of the vehicles. The director phones the licensor and asks for clarification on whether or not an assistant can drive. What does the licensor say? The licensor must inform the director that there must be a lead teacher in the vehicle in addition to the assistant, or else the assistant would have "sole responsibility" for that group of children during the time they are in transit. Although there is no prohibition against the assistant driving, only a lead teacher can have sole responsibility for supervision of a group of children.

WAC 388-295-1050 Who can be a volunteer in a child care center?

(1) You may arrange for a volunteer to support lead child care staff. The volunteer must:

(a) Be at least sixteen years of age or older; and

(b) Care for children under the direct supervision of a lead child care staff person

at all times.

(2) You may count the volunteer in the staff-child ratio when the volunteer meets staff qualification requirements and is sixteen years of age or older.

Qualifications: Volunteer

Clarifying Information

- Volunteers must always be under the direct supervision of a lead teacher. This includes time spent on the playground, during field trips, and while in vehicles transporting children to/from field trips.
- Utilizing a teacher's aide or other assistant to supervise a volunteer is not acceptable; the volunteer must be supervised by a lead teacher at all times.
- Volunteers must be oriented to the facility's program policies, practices, philosophies, and goals as required in WAC 388-295-1080 and WAC 388-295-1090. This protects both the children in care and the integrity of the child care center.
- Volunteers must meet the TB testing requirements of WAC 388-295-1120 prior to starting work and when they have been exposed to TB.
- Volunteers must take HIV/AIDS training if they are counted in the staff-to-child ratio. The intent of WAC 388-295-1110 is that employees (and volunteers) who are counted in the staff-to-child ratio be required to take HIV/AIDS training. Although volunteers are not specifically listed in this section, the intent of the regulation is to protect both children and staff from possible exposure to HIV/AIDS.

Worker Responsibilities

- The licensor must confirm with the licensee or director that all volunteers are required to be 16 years old, submit a Background Authorization, attend staff orientation, be tested for TB, and take Bloodborne Pathogen (including HIV/AIDS) training.
- The licensor must verify the qualifications for any volunteer by doing a random sample review of the personnel files at the center. The quantity of files included in the random sample must be enough to fill the review section

of the Child Care Center Monitoring Checklist or the Child Care Center Checklist. This must be done during monitor visits and re-licensing visits. Qualifications must be fully documented in the personnel files located at the center as described in WAC 388-295-7050.

Examples

- A center has several local businesses and individuals (such as a gymnastics bus, storytellers, puppeteers, etc) come to the classroom to work with the children. The staff use this time to eat lunch, prepare materials, or make lesson plans. The licensor visits and discovers there are no qualified staff present in one of the classrooms when a storyteller is working with the children. What should the licensor do? The licensor must inform the director that the children must always be under the supervision of a lead teacher. Because this person is not a volunteer or an assistant they would not have submitted a Background Authorization to DCCEL, nor would they necessarily meet any of the other requirements for a lead teacher. There must be a lead teacher supervising the children at all times.

WAC 388-295-1060 What initial and ongoing state training and registry system (STARS) training is required for child care center staff?

The director, program supervisor and lead teachers must register with the STARS registry and complete one of the following trainings within the first six months of employment or of being granted an initial license:

(1) Twenty clock hours or two college quarter credits of basic training approved by the Washington state training registry system (STARS);

(2) Current child development associate certificate (CDA) or equivalent credential, or twelve or more college credits in early childhood education or child development; or

(3) Associate of Arts (AA), Associate of Arts and Sciences or higher college degree in early childhood education or child development.

STARS: Initial Requirements

Clarifying Information

- All directors, program supervisors, and lead teachers are required to complete these education requirements within the first six months of employment or within the first six months of being granted an initial license. If there are no classes offered during the six months, the licensor could consider a waiver for more time to take the required classes. However, the waiver can only be for more time; the education requirements must not be waived.
- We cannot waive STARS requirements (either the basic 20 hour or the ongoing 10 hour). There was a time period at the initiation of the STARS program when there were a limited number of waivers issued for the 20-hour basic STARS requirement, so there will be some older waivers for STARS in the files. This process was discontinued after STARS was fully implemented and these waivers are no longer issued, although the existing waivers for STARS remain in effect. The proper method for a provider to get an exception to STARS 20 hour basic requirements is to request an educational exemption from Washington Association for the Education of Young Children (WAEYC).

Worker Responsibilities

- The licensor must review the status of STARS classes for the director, program supervisor, and lead teachers during license renewal. If staff are found to have too few hours, the licensor must write a Facility Licensing Compliance Agreement detailing which staff are deficient in hours. The Compliance Agreement must contain a plan (including specific dates) for coming into compliance with this regulation.
- If the director and/or program supervisor is not registered in the STARS system, the licensor must direct them to contact STARS and register in the system.
- The director must have a system in place to track STARS hours. This will help ensure that all staff required to take 20 hour Basic and 10 hour on-going STARS training are current.

Examples

- How does STARS track training hours? These are the terms the STARS system uses to track the 20 hour basic training:
  - *None*, meaning that the 20 hours STARS class has not yet been completed or recorded;
  - *Completed*, meaning that the class has been finished;
  - *Educational Exemption*, meaning that Washington Association for the Education of Young Children (WAEYC) has evaluated the education of the individual and issued an educational exemption and they are not required to complete the 20 hour basic STARS; or
  - *Experiential Waiver*, meaning that the individual was issued a waiver based on experience. Experiential waivers were issued by DCCEL when the STARS program first began, however they are no longer issued. Existing experiential waivers remain in effect, however new experiential waivers will not be issued.

WAC 388-295-1070 What continuing state training and registry system (STARS) training is required for child care center staff?

(1) The director, program supervisor and lead teachers must complete ten clock hours or one college credit of continuing education yearly after completing the initial training required in WAC 388-295-1010.
(2) The director and program supervisor must have five of the ten hours in program management and administration for the first two years in their respective positions. Each additional year, three of the ten hours required must be in program management and administration.
(3) Agencies or organizations that have been approved by the Washington State Training and Registry System (STARS) may offer up to six clock hours of continuing education each year to their employees. The remaining four hours must be obtained from other training offered in the community.

STARS: Continuing Requirements

Clarifying Information

- There are no exemptions or waivers for the continuing 10 hour STARS requirements. All staff who are required to take these classes are expected to remain current each year.
- For new staff, the 10 hour requirement becomes effective the calendar year following the person's completion of the 20 hour basic STARS class. Training taken each year are counted from January through December and start over the next year.
- Staff who are missing STARS hours are expected to make them up. Skipped or missing hours will not be waived.
- Staff are only responsible for STARS hours for the time they are actively working in child care.
- The continuing STARS hours taken in any one calendar year count only in that year. In other words: a staff person cannot take 16 hours one year and then have six of those hours apply for the next year. All 16 hours would apply to the year they are taken, and the full ten hours would still be required the following year.
- The STARS Registry lists each 10-hour class a staff person has taken. If the STARS Registry is not current, it is the responsibility of the staff person to contact Washington STARS to make corrections.

Worker Responsibilities

- Licensors must check the STARS Registry to ensure directors, program supervisors, and lead teachers have registered and are current on continuing STARS credits. Licensors may accept copies of STARS certificates on a temporary basis if there is an error or time-lag in the STARS registry, however getting staff registered and up to date in the STARS registry must be the goal.
- If the staff does not have a STARS certificate, and there is no evidence in the STARS Registry, the licensor must ask the staff person to contact the provider of the STARS class and obtain documentation that the hours were completed, then contact Washington Association of Education for Young

Children (WAEYC) to get the STARS registry updated.

- Licensors must staff with their supervisor the possibility of civil penalties for any center and that does not ensure their staff keep current on STARS requirements.

Examples

- This requirement states that agencies approved by Washington Association of Education for Young Children (WAEYC) may offer up to six clock hours of continuing education each year to their employees. The remaining four hours must be obtained from other training offered in the community. Does this mean that a Headstart program can only offer six hours of continuing education to its employees a year, and that remainder must be obtained elsewhere? Does it also mean that if a person does not work for Headstart, they could get all ten hours from Headstart? The answer to both these questions is "yes". In order for providers to have well-rounded training, they should receive training from sources outside their own business or corporation.

WAC 388-295-1080 What topics must my new staff orientation include?

You must have an orientation system in place to train each new employee and volunteer about program policies, practices, philosophies and goals. This training must include, but is not limited to, the program policies and practices listed in this chapter such as:

(1) Minimum licensing requirements;

(2) Planned daily activities and routines;

(3) Child guidance and behavior management methods;

(4) Child abuse and neglect prevention, detection, and reporting policies and procedures;

(5) Health policies and procedures;

(6) Communicable disease recognition and prevention;

(7) Bloodborne pathogens;

(8) Fire prevention, disaster plan and safety procedures;

(9) Special health and developmental needs of the individual child;

(10) Personnel policies, when applicable;

(11) Limited restraint techniques;

(12) Cultural relevancy; and

(13) Age and developmentally appropriate practices and expectations for the age group the staff will work with.

Training: Staff Orientation

Clarifying Information

- Staff must complete orientation as soon as possible (within two working days, but no more than six working days) after the new staff person begins employment, since a full awareness of center policies and procedures protects both the children in care and the integrity of the center.
- Many complaints in child care centers happen because the center staff have not been properly oriented and they are not fully aware of all policies and procedures. This can result in staff making decisions that do not reflect the policies and practices of the center.

Worker Responsibilities

- The licensor must perform a random sample check of personnel files during monitor and licensing visits, and confirm that staff have been oriented to the center's policies and procedures as soon as possible after hire. The quantity of files included in the random sample must be enough to fill the review section of the Child Care Center Monitoring Checklist or the Child Care Center Checklist. WAC 388-295-7050 requires this documentation. The documentation must list the date the staff was fully oriented.

Examples

- A child receives a minor injury on the playground. The assistant supervising the children does not know the location of the first aid kit, but happens to have several 'band-aids' in her pocket. She applies a band-aid without cleaning the wound. The licensor (or health specialist) witnesses this incident and questions the assistant to gauge her knowledge of center's health care plan. The DCCEL worker discovers the assistant does not know the location of the

first aid kit and does not seem aware of the contents of the center's health care plan. What should the licensor do? The licensor must examine a sample of staff personnel files (to include the file for this particular assistant) and see if staff have been oriented to the center policies and procedures (WAC 388-295-1080), including the health care plan. If staff are discovered to have not been oriented to the center's policies and procedures, the DCCEL worker must write a Facility Licensing Compliance Agreement for violation of this requirement. If staff have been oriented to the center, yet still do not know basic information about policies and procedures (such as the location of the first aid kit) the DCCEL worker must write a Compliance Agreement directing the center to require a new orientation for staff. In either case, the DCCEL worker must discuss with the director of the facility the importance of having all staff fully aware of all operational policies and procedures, the health care plan, and the disaster plan.

WAC 388-295-1090 What kind of meetings or on-going training must I provide my staff?

(1) You must provide or arrange for staff meetings and training opportunities for the child care staff at least quarterly; and

(2) At a minimum, your staff and volunteers must have on-going training when there are changes:

(a) In your policies and procedures;

(b) In the equipment that you use;

(c) In the types of services you provide; or

(d) To health care plans for specific children.

Training: Staff Meetings & In-service

Clarifying Information

- The center must offer on-going training to staff and ensure that all staff attend.

Worker Responsibilities

- The licensor must do a random sample check of personnel files during monitor visits and at license renewal time and confirm that staff are attending staff meetings and on-going training. The quantity of files included in the random sample must be enough to fill the review section of the Child Care Center Monitoring Checklist or the Child Care Center Checklist. This documentation is required by WAC 388-295-7050. The documentation must list the date of the staff meeting or training and the topic of the training.
- The licensor must confirm (during monitor visits and at license renewal time) that staff have been trained when there is:
  - A change in policies and procedures;
  - A change in the type of equipment used;
  - A change in the type of services offered (for example, the addition of evening care would require a new set of policies and thus a training for staff); and
  - Any time a health care plan is required for a specific child.

Examples

- During a monitor visit and routine review of the staff training record, the licensor discovers that one of the teachers habitually skips staff meetings and in-service trainings. When the licensor discusses this with the director, the director states that this particular teacher has 32 years of experience and is reluctant to attend any in-service training. The director also states that the teacher in question has worked all 32 years at this center and knows the policies and procedures better than anyone. What should the licensor do? The licensor must inform the director that there is an requirement that all staff attend in-service trainings and staff meetings. The licensor could point out the to director that in case of a serious accident or injury, the center may be at risk if it is discovered that one of the teachers is essentially 'untrained' in new policies, practices, and latest child safety issues. The licensor must write a Facility Licensing Compliance Agreement directing the center to make sure all staff attend in-service training and staff meetings. Also, that the center create

and maintain a system for recording attendance at staff training and meetings.

WAC 388-295-1100 What are the requirements regarding first aid and cardiopulmonary resuscitation (CPR) training?

(1) You must ensure that at least one person of your staff with a current basic standard first aid and age appropriate CPR certificate is present with each group of children in your center at all times. For example, if you have six different classrooms with different groups of children, you must have a staff person in each room trained in first aid and CPR.

(2) The person providing the first aid and CPR training must be knowledgeable about current national first aid and CPR standards. The trainer must:

(a) Be in the medical field;

(b) Be in the emergency field such as an emergency medical technician or firefighter;

(c) Complete a "train the trainer" course from a reputable program such as the American Red Cross, American Heart Association, National Safety Council or labor and industries; or

(d) Work for a company that specializes in first aid and CPR training.

(3) First aid and CPR training must be updated as required on the card or certificate received by you or your staff person. The first aid and CPR cards or certificates must have a date of expiration.

Training: First Aid & CPR

Clarifying Information

- A person with current First Aid training and age appropriate CPR training must be with each group of children. This includes: when on the playground, on field trips, and when in transit to/from field trips.
- Adult-oriented First Aid and/or CPR is not acceptable and does not meet the intent of this regulation. There are differences in how First Aid and CPR are administered to different age groups, and the courses taken must correspond

to the age of children being served. For more information, refer to the American Red Cross or other nationally recognized program for details about types of First Aid and CPR classes.

Worker Responsibilities

- The licensor must perform a random sample check of personnel files during monitor visits and at license renewal time and confirm that for each group of children there is a staff person with current CPR and First Aid training. WAC 388-295-7050 requires this documentation. The documentation must list the date the staff completed the training and the expiration date for the current training. The quantity of files included in the random sample must be enough to fill the review section of the Child Care Center Monitoring Checklist or the Child Care Center Checklist.

Examples

- A director phones the licensor and states that one of their staff attended an age appropriate American Red Cross "train the trainer" program and they would like to start offering First Aid classes to nearby licensees, as well as doing all their First Aid training in-house. What should the licensor say? The licensor must inform the director that it would be allowed for a staff person to provide this training as long as conditions of the regulation are met. The staff person would have to complete an approved "train the trainer" course from a reputable organization. Also, Section (2) of this regulation requires that the trainer "must be knowledgeable about current national first aid and CPR standards", so the teacher may have to take an occasional refresher course in order to remain current on topics taught in the class.

WAC 388-295-1110 Who must have Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS) and Bloodborne Pathogen training?

(1) Every employee who is included in the staff to child ratio must have written proof of HIV/AIDS and bloodborne pathogen training that includes prevention, transmission, treatment and confidentiality issues.

(2) You must comply with applicable Washington Industrial Safety and Health Act

(WISHA)/labor and industries safety and health regulations under chapter 296-823 WAC that apply to you.

Training: HIV/AIDS & Bloodborne Pathogen

Clarifying Information

- Current Washington Industrial Safety and Health Act (WISHA) regulations call for Bloodborne Pathogen training annually on staff who might have potential exposure to blood product, mucous membranes, or bodily fluids. Specifically, this applies to anyone who diapers children, mops floors, wipes up counters, offers First Aid, or has direct contact with the children in care.
- HIV/AIDS training is a one-time training requirement for all new staff members.
- Although not required, it is best practice, and protective of staff and children, to attend HIV/AIDS classes periodically.

Worker Responsibilities

- The licensor must perform a random sample check of personnel files during monitor visits and at license renewal time and confirm that staff have completed Bloodborne Pathogen and HIV/AIDS training. WAC 388-295-7050 requires this documentation. The documentation must list the date the training was completed. The quantity of files included in the random sample must be enough to fill the review section of the Child Care Center Monitoring Checklist or the Child Care Center Checklist.

WAC 388-295-1120 What are the Tuberculosis (TB) testing requirements for the staff?

(1) Each employee and volunteer must have the results of a one step Mantoux TB skin test prior to starting work.

(2) New employees and volunteers do not need a TB skin test if they have written proof of:

(a) A negative Mantoux TB test in the twelve months prior to you hiring them;

(b) A previously positive Mantoux TB test with documented proof of treatment or a

negative chest x-ray; or

(c) Medication therapy to treat TB.

(3) Your staff and volunteers must be re-tested for TB when you are notified that any of the staff or volunteers have been exposed to TB. They must comply with the direction of the local health jurisdiction

TB Testing

Clarifying Information

- There are two main types of TB tests available:
  (1) Mantoux and
  (2) multiple tine.
  Only the Mantoux test is acceptable to meet this requirement. The multiple tine test is not considered accurate.

Worker Responsibilities

- The licensor must perform a random sample check of personnel files during monitor visits and at license renewal time and confirm that staff have documentation of a TB test in their file. WAC 388-295-7050 requires that TB test information be kept in staff personnel files. The quantity of files included in the random sample must be enough to fill the review section of the Child Care Center Monitoring Checklist or the Child Care Center Checklist.

Examples

- A staff person has a positive result from a TB test but assures the administration at the center they have been cleared by the local health authority to continue working. What should the licensor do? The licensor must ask the director to place the staff person on leave until they can determine from the local health authority the exact results of the TB test and the recommendations for treatment. The Mantoux test cannot distinguish between a positive test that is active (and contagious) and a positive test that is latent (and not contagious). It would be possible for a person to have a positive TB test for latent TB, meaning that they are not contagious and at low risk to spread TB. Other tests may be necessary, and the licensor must

contact the local health authority for recommendations before allowing the staff person to have contact with children in care. If TB therapy is required, the licensor must remain in contact with the local health authority to ensure that the therapy is administered properly and completed.

SECTION C: PROGRAM

WAC 388-295-2010 What types of play materials, equipment and activities must I provide for the children?

What types of play materials, equipment and activities must I provide for the children?

You must:

(1) Provide a variety of easily accessible learning and play materials of sufficient quantity to implement the centers program and meet the developmental needs of children in care.

(2) Have a current daily schedule of activities and lesson plans that are designed to meet the children's developmental, cultural, and individual needs. The toys, equipment and schedule must be:

- (a) Specific for each age group of children; and
- (b) Include at least one activity daily for each of the following (you can combine several of the following for one activity):
  - (i) Child initiated activity (free play);
  - (ii) Staff initiated activity (organized play);
  - (iii) Individual choices for play;
  - (iv) Creative expression;
  - (v) Group activity;
  - (vi) Quiet activity;
  - (vii) Active activity;
  - (viii) Large and small muscle activities; and
  - (ix) Indoor and outdoor play.

(3) You must ensure the lesson plan, daily schedule of events, available toys and equipment contains a range of learning experiences to allow each child the opportunity to:

- (a) Gain self-esteem, self-awareness, self-control, and decision-making abilities;
- (b) Develop socially, emotionally, intellectually, and physically;
- (c) Learn about nutrition, health, and personal safety; and
- (d) Experiment, create, and explore.

(4) Post the daily schedule and lesson plan in each room for easy reference by parents and

by caregivers;
(5) Keep the daily schedule of events and lesson plans for the past six months on site for inspection;
(6) Maintain staff-to-child ratios and group size during transitions from one activity to another during the day;
(7) Plan for smooth transitions by:
    (a) Establishing familiar routines; and
    (b) Using transitions as a learning experience.
(8) Ensure the center's program affords the child daily opportunities for small and large muscle activities, outdoor play, and exposure to language development and books; and
(9) Afford staff classroom planning time.

Materials, Equipment, & Activities

Clarifying Information

- Current, posted schedules and lesson plans must be in an area of the facility easily visible to parents. Lesson plans must be on-site and available for licensor review for six months. "On site" is defined as on the premises of the child care center, not at a central office away from the center. See WAC 388-295-0010 for a full definition of "premises".
- The center must provide staff with time, outside their classroom duties, to prepare lesson plans. Requiring staff to prepare lesson plans during breaks or lunch periods does not meet the intent of this regulation.
- Staff-to-child ratios must always be met, including transitions between activities, while on field trips, and while being transported to/from field trips.
- Children must have the opportunity to play outdoors every day. Inclement weather (unless extreme) is a fact and must not be an excuse to avoid offering outdoor play. The center must ensure that the children in care are properly prepared for the weather and assist them as necessary.

Worker Responsibilities

- Licensors must review schedules and lesson plans during monitor, initial, and renewal visits to ensure they are up-to-date and appropriate for the age of

children in the group.

- Licensors must inspect the center curriculum and program to ensure development, cultural, and individual needs of the children are being met.

Examples

- A complaint is received about a center alleging staff are not given classroom planning time. The licensor investigates and discovers the director has informed staff they must do classroom planning during their break time. Staff are told if they cannot accomplish it during their break time, they should do the planning at home and just bring the lesson plans with them to work. What should the licensor do? The licensor must inform the director that the center is required to provide classroom-planning time, and it needs to be separate from break time or lunchtime. The licensor must write a Facility Licensing Compliance Agreement and document the incident in an SER.

WAC 388-295-2020 How long can a child be at the center?

The child may remain in care a maximum of ten hours or less each day. If needed, you may extend the time based upon the parent's typical work schedule and travel from and to the center.

Maximum Time in Center

Clarifying Information

- The center may allow a child to stay in care beyond ten hours if the parent needs extra time for travel to/from their place of employment, or if they have extended work hours. Children must not be in care beyond ten hours for other purposes (shopping trips, etc).
- Centers are not required to maintain paperwork or other justification detailing when children are in care over ten hours.

Worker Responsibilities

- Licensors are not required to collect letters or other evidence from centers outlining when parents leave children in care over ten hours. If a licensor has concerns about any specific child, they can check attendance records and

discuss with the center director.

Examples

- A center director phones the licensor and states that a parent frequently goes shopping (or visits friends, runs errands, etc.) and her child is often in care more than ten hours a day. The director believes many of these times the child is needlessly left in care for longer than ten hours. What should the licensor say? The licensor must inform the director that the regulation is clear about the reason for allowing a child to stay in care more than ten hours; the regulation allows extra time only for the parent to travel to/from work, or because of extended working hours. Any other reason is not valid. The licensor must advise the director to speak with the parent and inform them this practice must stop, unless there is a valid, work-related reason.

WAC 388-295-2030 How should staff interact with children?

To facilitate interactions between the staff and children that are nurturing, respectful, supportive and responsive, you must:

(1) Ensure staff interact with children using positive communication (for example, giving children options of what to do rather than being told what not to do);

(2) Support the child's development in understanding themselves and others by assisting the child to share ideas, experiences, and feelings;

(3) Provide age-appropriate opportunities for the child to grow and develop intellectually. Examples include:

(a) Reading readiness skills;

(b) Language skills development;

(c) Encouraging the child to ask questions;

(d) Counting;

(e) Matching objects;

(f) Differentiating between large and small; and

(g) Sorting.

(4) Help each child solve problems with intervention as necessary;

(5) Encourage children to be creative in their projects;

(6) Allow independence in selecting routine activities and projects;

(7) Show tolerance for mistakes;

(8) Encourage children to try new activities; and

(9) Honor all children's race, religion, culture, gender, physical ability and family structure.

Staff/Child Interactions

Clarifying Information

- The center must provide activities and projects that honor and reflect all children. Providing activities and projects that reflect a wide variety of race, religion, culture, gender, physical ability, or family structure exposes the children in care to the richness and diversity in the world.
- Center staff must interact with children in ways that show they understand how children develop and grow.
- Center staff must have age appropriate expectations for children in care.

Worker Responsibilities

- Licensors must observe the staff interact with the children in care.
- Licensors must evaluate a sample of the daily schedule of activities and lesson plans during licensing and monitor visits to ensure they meet all objectives outlined in this regulation.
- Licensors must offer technical assistance on how to provide antibias, culturally relevant, and age-appropriate activities, projects, and everyday play materials.

Examples

- A center provides activities and projects oriented to the majority group in care. The director informs the licensor that the activities and projects reflect the majority group; therefore, they are honoring that group by holding activities and projects that reflect their norms. The director also states that since there are no children at the center from other than the dominant group in the

community, the center is not obligated to provide any other activities or projects. What should the licensor say? The licensor must inform the director the intent of the regulation is to expose children to as diverse a group of program activities and projects as possible. Focusing the activities and projects on the dominant group does not meet the intent of this regulation. The licensor must provide technical assistance to the director on how to enrich the program. The licensor must write a Facility Licensing Compliance Agreement with timelines for coming into compliance.

- The licensor visits a center and discovers a toddler room where the children are all sitting at a table to color printed outlines of animals. The staff are standing around the children with a coffee can full of crayons, doling out one crayon at a time to the children. When the licensor asks why the children cannot have the crayons at their level so they can make their own choices, the staff state that the children just break them anyway and they are too expensive to replace each week. The staff frequently instruct the children to work harder at coloring within the lines, and they often compare the work the children are doing using berating language and tone of voice. What should the licensor do? The licensor must speak with the director and inform her there are numerous violations of this regulation in the way that staff interact with the children. By controlling so tightly the use of crayons, the children are not able learn the importance of making choices or be creative in their drawing; by requiring the children to color between the lines the staff are not allowing the children to be creative; the language (both tone and content) is not respectful of the children. The licensor must write a Facility Licensing Compliance Agreement directing the center to come into compliance with this regulation. Some options available as a solution would be: require the staff to take the 20-hour STARS class; require the staff to take a 10-hour STARS class that is specific to communication and/or creative development; require the mandated staff meetings to contain an education component and let the director invite an outside speaker with appropriate expertise. These are only a few of the options available. The licensor must observe the classroom after completion of the Compliance Agreement to check for improvement.

WAC 388-295-2040 What behavior management and guidance practices must I have in place?

You must:

(1) Develop and implement written behavior management and guidance practices for the center;

(2) Guide the child's behavior based on an understanding of the individual child's needs and stage of development;

(3) Promote the child's developmentally appropriate social behavior, self-control, and respect for the rights of others;

(4) Ensure behavior management and guidance practices that are fair, reasonable, consistent, and related to the child's behavior;

(5) Prevent and prohibit any person on the premises from using cruel, unusual, hazardous, frightening, or humiliating discipline, including but not limited to:

(a) Corporal punishment including biting, jerking, shaking, spanking, slapping, hitting, striking, kicking, pinching, flicking or any other means of inflicting physical pain or causing bodily harm to the child;

(b) Verbal abuse such as yelling, shouting, name calling, shaming, making derogatory remarks about a child or the child's family, or using language that threatens, humiliates or frightens a child;

(c) The use of a physical restraint method injurious to the child, locked time-out room, or closet for disciplinary purposes; and

(d) The using or withholding of food or liquids as punishment.

(6) In emergency situations, a staff person may use limited physical restraint when:

(a) Protecting a person on the premises from serious injury;

(b) Obtaining possession of a weapon or other dangerous object; or

(c) Protecting property from serious damage.

(7) Staff who use limited restraint must complete an incident report. A copy of the incident report must be:

(a) Placed in the child's individual record; and

(b) Given to the parent.

Behavior Management & Guidance

Clarifying Information

- The written behavior management and guidance plan must be included in the center's policy and procedure information that is given to the parent [WAC 388-295-2080(2)].
- A center should not release a child from care without first attempting to work with the child and family to develop an effective guidance plan, unless the child poses an imminent danger to self and others.
- If a child is determined to be endangering other children in care, the staff must take steps to protect all children in care.
- Corporal punishment of all types is prohibited. Discipline must be consistent with the age and behavior of the child.
- Limited restraint is a method of last resort for controlling behavior and is only used in emergencies to protect the child, staff, property, or other children in care. All incidents involving limited restraint must be documented in a Child Injury/Incident Report, with one copy to be kept in the child's file and one copy given to the parent. The Child Injury/Incident Report must be filled out and distributed as soon after the incident as possible. There is no requirement that a Child Injury/Incident Report be delivered to the licensor when limited restraint is used.
- No person, including parents, may use corporal punishment or other methods of behavior management forbidden by this regulation while on the licensed child care premises. The director is responsible to inform parents they may not use forms of corporal punishment listed in WAC 388-295-2040(5) while on the premises.
- The Winning Ways to Talk to Young Children booklet is available on the DCCEL Internet site, and is a good resource for providers. This booklet is also available in Spanish.

Worker Responsibilities

- The licensor must review the behavior management and guidance plan and offer suggestions for change if there are inappropriate methods contained in

the plan. The licensor must review the plan if the center changes it.

- During monitor and licensing visits, licensors must observe a sample of classrooms. Licensors must observe the interaction between children and staff, the amount of attention paid to the children in care, and assess the level of supervision in the rooms and (if possible) on the playground.

Examples

- A parent phones Children's Administration Intake alleging that staff at the center knocked their child to the ground and sat on them. The licensor visits the facility and discusses the allegations with the director and staff. The licensor is informed that the child was out of control and hitting staff and other children with a large wooden block. The staff person in the room attempted to follow the center's behavior management plan, but it did not address behavior this persistent or severe. The director informed the licensor that the only option left was to restrain the child until he calmed down, which the staff did by placing the child on the floor and straddling him to "pin" his arms down and hold him down. What should the licensor do? The licensor must interview the staff person and determine what type of (if any) restraint training the staff has taken. Was the restraint used an approved, recognized form of restraint that is safe for the child and the staff? Where was the staff trained in the use of this type of restraint? The licensor must also determine if the center had met with the parents before this incident to develop an individualized behavior management plan for the child. The licensor should refer the director to the local health authority or other agency that might have the expertise to evaluate the child's behavior. If there is training in restraint available (and if it appears that it may be needed in the future) the licensor should write a Facility Licensing Compliance Agreement requiring at least one of the staff to attend the training. The licensor should also examine the behavior management and guidance plan to determine if it needs updating. Generally, the least intrusive form of guidance that is effective is best.
- A parent tells the director that his child informed him that another child in care has been bullying him and that staff just ignore it. The parent demands to know who the other child is and wants the phone number for the other family.

The director successfully stalls the parent, but believes when the parent returns at the end of the day he may get insistent with his demands again. The director phones the licensor for help. What should the licensor say? The licensor must discuss with the director that: all people are prohibited from treating children in care in a cruel, unusual, hazardous, frightening, or humiliating manner and it is not this parent's role to discipline (or even speak with) another child or family about behavior. WAC 388-295-6060 prohibits parents from having contact with children other than their own. The licensor should inquire about the situation and determine if there is a problem between the two children, and if so, what the staff has done to help. The licensor could refer the director to the local health authority or other local support agency for help in evaluating the interaction between the two children and possible support for the staff. The licensor must inform the director that it must be made clear to the parent that only center staff will be disciplining or discussing this incident with the children – any confrontation between this parent and the other child would be a violation of this regulation. The director could meet with the parent to discuss concerns, and outline for the parent the staff's plan of action for resolving this dispute between the two children. Whatever plan of action is adopted must conform as much as possible to child development principles that support the children in solving this dispute themselves. In order to protect the children in care, the confidentiality of the alleged bully should be maintained while the center works with the parents to resolve the problem.

WAC 388-295-2050 Must we provide rest periods?

You must:

(1) Offer a supervised rest period to the child who is:

(a) Five years of age or younger and in care for more than six hours; or

(b) Showing a need for rest.

(2) Allow a child twenty-nine months of age or younger to follow an individual sleep schedule, and plan alternative quiet activities for the child who does not need rest.

Rest Periods and Napping

Clarifying Information

- There must be enough staff in the infant and toddler (under-29 months) rooms to allow each child to adhere to an individual sleep schedule while still maintaining alternative activities for children not needing rest.
- Staff may engage in other activities during rest periods if the children are in auditory *and* visual contact with qualified staff. Group size and staff-child ratios for the children who are awake must not be exceeded as additional children wake from naps. Therefore, if 14 toddlers are in a room napping (two groups of seven) with one staff, then seven of the toddlers wake, the same staff person would be within group size; once an eighth toddler woke, the room would be over group size and must immediately get help from a second staff to supervise the group. Center staff should be available to provide immediate coverage when the children wake and group sizes change.
- The napping room must not be so dark that the staff cannot easily supervise the children.
- Electronic monitoring devices (video cameras, baby monitors, etc) are not adequate replacements for direct supervision. Although these devices may be used to supplement supervision, they do not replace direct supervision of children.
- Although WAC 388-295-2090(10) allows staff to engage in other activities during rest periods, centers are required to maintain the staff-to-child ratio. Each child must also be within continuous visual and auditory range of a qualified staff person at all times.

Worker Responsibilities

- Licensors must monitor centers at various times of the day, including during rest and nap times, so that a variety of staffing levels, transitions, activities, and staff interactions with the children can be observed. This includes checking for available quiet activities for children who do not nap.

Examples

- A parent phones Children's Administration Intake and files a complaint about

a center that is "forcing" their child to take a nap. The parent tells the licensor that the child has a history of rarely napping. The parent also states that the center is apparently holding the child down on a mat until the child falls asleep. What should the licensor do? The licensor must visit the center and determine if the allegations are accurate. If they appear to be accurate, the licensor must discuss with the director napping policies and procedures. The center must provide a quiet, alternate activity for children who do not feel the need for a nap. Staff cannot use any method to force a child to take a nap, and holding a child down is a form of restraint that would need to be reported to the parent (WAC 388-295-2040). Suggestions for quiet activities might be: reading, doing a quiet table activity, rubbing the child's back or forehead to help the child relax, soft music, etc. The licensor must write a Facility Licensing Compliance Agreement directing the center to make changes in their napping practice and to educate all staff in the new policies and procedures.

WAC 388-295-2060 What are the requirements for evening and nighttime care?

In addition to meeting the other requirements of chapter 388-295 WAC, if you offer child care during evening and nighttime hours, you must:

(1) Adapt the program, equipment, and staffing pattern to meet the physical and emotional needs of the child away from home at night such as:

(a) In centers operating past midnight, you must provide for each child a crib, mat or cot, or mattress pad, that is easily sanitized;

(b) Make arrangements for bathing as needed;

(c) Make arrangements for personal hygiene including tooth brushing;

(d) Have individual bedding appropriate for overnight sleeping; and

(e) Have separate dressing and sleeping areas for boys and girls ages six years and older or younger children demonstrating a need for privacy.

(2) Maintain the same staff-to-child ratio that is in effect during daytime care;

(3) Keep the child within continuous visual and auditory range at all times;

(4) Ensure that the staff in charge during evening and nighttime hours meets the requirements of a lead teacher; and

(5) Ensure all staff attending to children in care are awake.

Evening & Nighttime Care

Clarifying Information

- Child care centers that provide evening and nighttime care must maintain the same staff-to-child ratio that is in effect during daytime child care hours.
- Staff providing evening care must meet the same requirements as staff during daytime hours. A fully qualified lead teacher must be in charge of each group of children in care. See WAC 388-295-1030 for qualifications to be a lead teacher.
- Staff attending to children in evening care must be awake at all times.
- Cribs, cots, mats, or mattress pads must meet the same requirements listed in WAC 388-295-5100 and 388-295-5120. Proper sleeping equipment must be provided for each child in care if they are in care after midnight.

Worker Responsibilities

- Licensors must evaluate all aspects of a program. If a program offers evening care, the licensor must make occasional monitor visits to the evening portion of the program.

Examples

- The licensor receives a complaint that staff in a center offering evening care often sleep while the children are sleeping. The complaint also states that the children are not fed a snack before they sleep. The licensor investigates and discovers that children are placed in a room to sleep, then the staff person often leaves the room and does set-up work or prepares lunch for the next day. The staff person states there is a baby monitor (or closed-circuit camera) in the room, the room is only down a short hallway, and she is able to hear the children if they wake. The staff also states the children are not fed snacks in the evening because there is no cook and no one assigned to clean up afterward. What should the licensor do? The licensor must write a Facility

Licensing Compliance Agreement directing the center to maintain staff-to-child ratios at all times, that staff must be in visual and auditory contact at all times, and that snacks must be provided to children in evening care. WAC 388-295-3150(2)(c, e, & f) state that dinner must be provided to children in evening care if they have not had dinner, snacks must be provided to children in evening care, and breakfast if the child remains in care past their usual breakfast time. Baby monitors, closed-circuit cameras, and other electronic devices can be a supplement to direct supervision, but they do not meet the requirements of this regulation and cannot be used alone as the sole means of supervision.

WAC 388-295-2070 What do I need to transport the children on off-site trips?

(1) You may transport a child or permit the child to travel off-site only with written parental consent. The purpose may be to attend school, participate in supervised field trips, or engage in other supervised off-site activities.

(2) The parent's consent may be:

(a) For a specific date or trip; or

(b) A blanket authorization describing the full range of trips the child may take. If you use a blanket authorization, you must notify the parent in writing at least twenty-four hours in advance about any specific trip.

(3) When transportation is provided by the center for children in care:

(a) The driver must have a valid Washington state driver's license to operate the type of vehicle being driven;

(b) The number of passengers cannot exceed the seating capacity of the vehicle;

(c) Either the center owner or the driver must have liability and medical insurance; and

(d) The driver, parent volunteer, or staff supervising the children being transported in each vehicle must have written documentation on file of current CPR and first-aid training.

(4) When you transport children, the vehicle used must:

(a) Have a current license and registration according to Washington state transportation laws;

(b) Be maintained in good repair and safe operating condition; and

(c) Be equipped with:

(i) At least one first-aid kit that meets the requirements of WAC 388-295-5010;

(ii) Vehicle emergency reflective triangles or other devices to alert other drivers of an emergency;

(iii) The health history and emergency information for each child in the vehicle; and

(iv) A method to call for emergency help.

(5) You must meet the child passenger restraint system requirements in RCW 46.61.687 when transporting children. Contact your local state patrol office for more information.

(6) When you transport children, you must maintain the staff-to-child ratio established for the youngest child in the group; and

(7) Staff or driver must not leave the children unattended in the motor vehicle.

Transporting Children Off-site

Clarifying Information

- A blanket authorization to transport children can be used by the center, however it must contain the range of trips the center will take, and must be time limited. A blanket authorization cannot be for an indefinite period and should not exceed six months.
- If a center uses blanket trip authorizations, they must notify the parent at least 24 hours in advance of a planned trip. Notification by simply posting a sign on the premises is not sufficient; many parents fail to read posted signs in the rush to pick up or drop off a child and frequently do not notice posted notification. Parents must be notified verbally and with a flyer that is distributed to them.
- Qualified volunteers, assistants, and aides may be drivers on field trips if they meet the qualifications of this WAC. The center must maintain proper ratio

and group size in the vehicle (for the youngest child in the group) and there must be a person in the vehicle with a cleared Background Authorization who meets the First Aid, CPR, and HIV/AIDS qualifications of WAC 388-295-1100, WAC 388-295-1110, and WAC 388-295-1120.

- Children cannot be "double-belted" into seats. There must not be more people in the vehicle than there are seat belts, and each person in the vehicle must be secured in a manner approved in RCW 46.61.687 for their age group.
- Emergency information (including signed permission forms allowing emergency treatment and health history) must accompany the children on all field trips. Without signed permission forms, the staff may be unable to get appropriate medical treatment for the children in the event of an emergency.

Worker Responsibilities

- The licensor must check (during monitor and licensing visits) that the center has current liability and medical insurance. If the center does not have insurance, and chooses instead to rely on the personal liability and medical insurance of the drivers, the licensor must check to determine that the center has a procedure in place to verify the existence and validity of the drivers insurance.

Examples

- A center uses blanket authorizations for field trips and places notices on the entrance door to communicate to parents when field trips are happening. On one day, a parent gets off work early and arrives at the center to pick up their child, only to find no one at the center and a vague note on the door saying that the children are on a field trip to the park. The parent is upset because she did not see the notice on the door when she dropped off her child. What should the licensor do? The licensor and director should review the field trip practices and look for areas to improve. The director could leave a note on the door with a cell phone number for one of the staff who is on the field trip, or they could distribute flyers to parents with specific information about the field trip (including location and estimated times they will be gone from the site).

WAC 388-295-2080 What must I communicate to parents?

(1) You must have written documentation signed by the parent in each child's file that you have:

(a) Explained to the parent the centers policies and procedures;

(b) Discussed the centers philosophy, program and facilities;

(c) Advised the parent of the child's progress and issues relating to the child's care and individual practices concerning the child's special needs; and

(d) Encouraged parent participation in center activities.

(2) You must also give the parent the following written policy and procedure information:

(a) Enrollment and admission requirements;

(b) The fee and payment plan;

(c) A typical activity schedule, including hours of operation;

(d) Meals and snacks served, including guidelines on food brought from the child's home;

(e) Permission for free access by the child's parent to all center areas used by the child;

(f) Signing in and signing out requirements;

(g) Child abuse reporting law requirements;

(h) Behavior management and discipline;

(i) Nondiscrimination statement;

(j) Religious and cultural activities, if any;

(k) Transportation and field trip arrangements;

(l) Practices concerning an ill child;

(m) Medication management;

(n) Medical emergencies;

(o) Disaster preparedness plans; and

(p) If licensed for the care of an infant or toddler:

(i) Diapering;

(ii) Toilet training; and

(iii) Feeding.

Parent Communication

Clarifying Information

- "Free access" does not necessarily mean immediate access to the premises, but rather access to the child in care. Many facilities use a keypad or other entry mechanism in order to control access of outsiders to the facility. Free access should include the ability of a parent to quickly enter the facility, but it does not mean immediate access.
- It is in the center's best interest to have a clear, concise policy and procedure handbook that is updated regularly. The center must have a process (see example below) to notify parents when there are changes in the policies.
- WAC 388-295-5160 requires the center to establish a pesticide policy, provide parents with a written copy of the pesticide policy, and to give parents 48 hours notice when pesticides will be applied. This information should be included in the center's policy and procedure handbook that is required to be distributed to parents (WAC 388-295-2080)

Worker Responsibilities

- Licensors must examine a random sample of children's files during monitor and licensing visits to ensure there is written documentation, signed by the parent, that meets the requirement outlined in WAC 388-295-2080(1). The quantity of files included in the random sample must be enough to fill the review section of the Child Care Center Monitoring Checklist or the Child Care Center Checklist.
- Licensors must collect a copy of the written policy and procedure handbook for inclusion in Section Three of the licensing file. This must be updated as the center makes changes to the handbook.
- Licensors must examine the written policy and procedure handbook to ensure that all portions required by WAC 388-295-2080(2) are present and that all sections meet the intent of the WAC.

Examples

- A parent phones in a complaint alleging the center is attempting to enforce policies not in the policy and procedure handbook. The licensor investigates and discovers the center has changed some of its policies, but neglected to distribute copies of the new policies to all parents. Only parents whose children started after the policy change had a policy and procedures handbook that included the new policies. The licensor must discuss with the director the importance of keeping all parents fully informed of policy or procedure changes at the center. Some possible ways to do this would include: passing out a new policy and procedures handbook to all parents on an annual basis, handing out replacement "chapters" to parents for those sections of the handbook that have changed, or handing out dated "amendments" that can be added to the end of the handbook. The licensor must write a Facility Licensing Compliance Agreement directing the center to provide all parents with an updated policy and procedures handbook, and create a system to keep parents updated with future revisions.

WAC 388-295-2090 What are the required staff to child ratios and maximum group sizes for my center?

What are the required staff to child ratios and maximum group sizes for my center?

(1) You must ensure the required staff to child ratios are met at all times when children are in your care. In centers licensed for thirteen or more children, the licensee must conduct group activities within the group size and staff to child ratio requirements, according to the age of the children:

If the age of the children is:	Then the staff to child ratio is:	And the maximum group size is:
(a) One month, through 11 months (infant)	1:4	8
(b) Twelve months through 29 months	1:7	14

(toddler)		
(c) Thirty months through 5 years (preschooler)	1:10	20
(d) Five years through 12 years (school-age child)	1:15	30

(2) In centers licensed for twelve or fewer children, you may combine children of different age groups, provided you:

(a) Maintain the staff-to-child ratio designated for the youngest child in the mixed group; and

(b) Provide a separate care area when four or more infants are in care. In such case the maximum group size is eight infants.

(3) You must conduct activities for each group in a specific room or other defined space within a larger area.

(4) You must ensure each group is under the direct supervision of a qualified staff person or team of staff involved in directing the child's activities.

(5) We may approve reasonable variations to group size limitations if you maintain required staff-to-child ratios, dependent on:

(a) Staff qualifications;

(b) Program structure; and

(c) Useable square footage.

(6) After consulting with the child's parent, you may place the individual child in a different age group and serve the child within the different age group's required staff-to-child ratio based on the child's:

(a) Developmental level; and

(b) Individual needs.

(7) You may combine children of different age groups for no more than one hour, provided you maintain the staff-to-child ratio and group size designated for the youngest child in the mixed group.

(8) In centers licensed for thirteen or more children, you may group ambulatory children

between one year and two years of age with older children, provided:

(a) The total number of children in the group does not exceed twelve; and

(b) Two staff are assigned to the group.

(9) You must ensure the staff person providing direct care and supervision of the child is free of other duties at the time of care.

(10) You must maintain required staff-to-child ratios indoors, outdoors, on field trips, and during rest periods. During rest periods, staff may be involved in other activities if:

(a) Staff remain on the premises; and

(b) Each child is within continuous visual and auditory range of a staff person.

(11) You must ensure staff:

(a) Attend to the group of children at all times; and

(b) Keep each child (including school age children) within continuous visual and auditory range of center staff. Toilet trained children using the toilet must be within auditory range of a center staff member.

(12) When only one staff person is present, you must ensure a second staff person is readily available in case of emergency.

(13) When only one caregiver is required to meet the staff to child ratio, you must be sure there is coverage for emergencies to meet both ratios and worker qualifications by either:

(a) Posting the name, address, and telephone number of a person who meets the qualifications of at least a lead teacher, who has agreed in writing to be available to provide emergency relief and who can respond immediately; or

(b) Having a second person that meets the qualifications of at least a lead teacher on the premises who is not needed for the staff to child ratio, but is available to provide emergency relief.

(14) Service staff, such as cooks, janitors, or bus drivers, may be counted in the required staff to child ratio if they meet all child care worker qualifications.

Staff/Child Ratios, Supervision, & Group Size

Clarifying Information

- During the 2002 legislative session, ESHB 1144 became law. This allows a WorkFirst parent with a child under one year of age to volunteer in a licensed child care facility if the facility agrees to accept the parent as a volunteer and

accept the child without compensation while the parent is volunteering at the facility. Neither the parent nor the child will count in determining the license capacity of staff-to-child ratio. The licensee should be informed there are no provisions for reimbursement for costs associated with a parent volunteer and their child. All expectations for volunteers outlined in WAC 388-295-1050 apply to WorkFirst clients working under this provision.

- WAC 388-295-2090(5) states that DCCEL may approve group size variations in certain situations. Group size variations require a waiver that must list conditions and timeframe. Waivers cannot be ongoing. More information about waivers at WAC 388-295-0050.
- Although WAC 388-295-2090(8) states that a licensee can combine groups of ambulatory children under certain conditions, combining groups of children is still subject to the provisions of the rest of WAC 388-295-2090, which places a total time limit of one hour on combined groups.
- The center must not ask staff to engage in other activities (cleaning, cooking, program planning, administrative duties, etc) while they are providing direct care to children. Staff assigned to supervise children must give their full attention to the children in care.
- Staff may engage in other activities during rest periods if the children are in auditory and visual contact with qualified staff. Group size and staff-child ratios for the children who are awake must not be exceeded as additional children wake from naps. Therefore, if 14 toddlers are in a room napping (two groups of seven) with one staff, then seven of the toddlers wake, the same staff person would be within group size; once an eighth toddler woke, the room would be over group size and must immediately get help from a second staff to supervise the group. Center staff should be available to provide immediate coverage when the children wake and group sizes change.
- When only one staff is present, the center must ensure a second staff of lead teacher status or above is readily available in case of an emergency. Readily available means: within 5 minutes. All staff at the center must be informed of who is scheduled to be “on call” and how to reach them in an emergency.
- Cooks, janitors, or bus drivers must not be used for emergency supervision

[WAC 388-295-2090(12)] unless they are pre-qualified as assistants or lead teachers.

Worker Responsibilities

- The licensor must set the initial capacity for each center, and the group size for the rooms, based on information gathered during the application process. This information includes reports from the inspections done by the fire marshal and health specialist, as well as all other considerations listed in WAC 388-295-0080.
- The licensor must carefully evaluate any request for capacity increase. An additional visit from the fire marshal and/or health specialist may be required if the capacity increase is large, group sizes need to be changed, or the center is remodeled. Requests for capacity increase must be submitted to the supervisor for approval. Licensors must fully document the need for the increase, including (but not limited to): any additional inspections performed, complaint history, compliance history, the plan to supervise the additional children, staffing levels, education/background of staff, and what additional activities the center intends to provide for the additional children.
- During monitor and licensing visits, DCCEL workers must observe several classrooms. DCCEL workers must observe:
  - The interaction between children and staff,
  - The amount of attention paid to the children in care, and
  - The level of supervision in the rooms and (if possible) on the playground.
- If there are room or furniture arrangements that pose potential supervision challenges, DCCEL workers must discuss with the director or program supervisor ways to alleviate the problem. Often, there is a Resource and Referral, local health authority, or other agency in the community the DCCEL worker can also refer the center to for additional advice.
- If the DCCEL worker determines the health and safety of the children are in question because of staffing levels or room arrangements, the DCCEL worker must discuss with the director some alternative plans to immediately solve the problem.

Examples

- A child in the child care center is developmentally delayed; the child is four years old, but has a developmental age of less than two. Should the licensor count this child as a toddler (because of the developmental age) when checking the capacities in the classrooms? Capacity is based on chronological age. This child must be counted as a four-year-old when counting capacity, although the licensee may place the child into another age group if they have first consulted with the parent and the parent agrees. If there is a concern about the provider's resources to adequately care for the child, the licensor should spend time observing the program structure, activities, and interactions between the staff and the children. Technical assistance can be offered by referring the licensee to the local health authority nurse or other appropriate resource. The provider must be working closely with the parent of the child to ensure that the child's needs will be met while in care.
- A director contacts the licensor and asks if the center can be overcapacity and over group size during lunchtime so they can feed several groups of children at once, and so the younger children can mingle with older children to ease their eventual transition to the older classroom. The lunchroom is licensed for 17 children, and the licensee would like to serve lunch for 30 in the room. What should the licensor say? There are two separate issues in this question:
  (1) The *overcapacity* issue. The licensee could request a waiver to allow for the overcapacity during lunchtime. The waiver should specify exactly how many children the center is allowed to serve, the reason for the overcapacity, and the exact time of day this is expected to happen. As with all waivers, the licensor must evaluate the compliance history of the center, any potential fire issues, and the training and experience of the staff before submitting the waiver to the supervisor for approval.
  (2) The *group size* issue. WAC 388-295-2090 allows the provider to combine age groups for no more than one hour, as long as they maintain the staff-to-child ratio for the youngest child in the group.

- A center opens only one room in the morning and has two staff present until enough children arrive to warrant opening the rest of the center. A parent is concerned older children will trample their young child and contacts the licensor with their concern. What should the licensor do? The licensor must visit the center during the time when only one room is open and observe the situation. Although this regulation allows centers to combine groups for short times, the health and safety of the children must never be jeopardized. If the licensor determines that the health and safety of the children are in question, the licensor must discuss with the director some alternative staffing to solve the problem.
- A center is arranged so the children's bathroom is down a short hallway from the classroom. Several classrooms use the same bathroom, making it difficult for the staff to monitor usage to ensure children have privacy. A problem arose in the center when three children were sent to the bathroom at the same time, from three different classrooms. No staff person accompanied the children. What should the licensor do? The licensor must write a Facility Licensing Compliance Agreement with the center for lack of supervision. The center needs to develop a plan to ensure only one child at a time is using the bathroom, and they will need to send a teacher with the children so there will be a staff in "auditory range". One solution that some larger centers use is to have a "floater" available to escort children from different classrooms to the bathroom.

WAC 388-295-2100 What are the exceptions to group sizes and staff to child ratios?

What are the exceptions to group sizes and staff to child ratios?

(1) If the center is licensed for twelve or fewer children, you may combine children (excluding infants) of different age groups if you:

(a) Maintain the staff to child ratio for the youngest child in the mixed group; and

(b) Provide a separate area when infants are in care.

(2) You must conduct activities for each group in a specific room or other specifically defined space within a larger area;

(3) Excluding infants, you may place an individual child in a different age group and serve the child within the different age group's required staff to child ratio, based on the child's individual needs and developmental level. You must consult with the child's parent prior to making the change;
(4) You may combine children of different age groups for periods of no more than one hour at the beginning and end of the day provided you maintain the staff to child ratio and group size designated for the youngest child in the mixed group;
(5) You may have nine infants in a classroom with appropriate square footage if you maintain a ratio of one staff to three infants; and
(6) You can request a waiver to group size limitations. If we approve variations to group size limitations, you must maintain the required staff-to-child ratios. Our approval will depend on but is not limited to:

(a) Staff qualifications;
(b) Program structure;
(c) Square footage; and
(d) Lower staff to child ratios.

Staff/Child Ratios & Group Size: Exceptions

Clarifying Information

- Infants must not be combined with any other group.
- In any combined group, the staff-to-child ratio is dependent on the age of the youngest child in the group.
- Moving a child from one age group into another age group requires consultation with the parent before the move. This alternative placement may be done only if it best serves the child's individual and developmental needs. This practice must not be used as a tactic to ease populations in certain rooms.
- Infant rooms use a measurement of 50 square feet per infant. This is because infant rooms contain a crib for each child in care and the area where the crib is located is unusable floor space for the child. WAC 388-295-0080(1) requires 50 square feet for infants.
- WAC 388-295-0080(1) requires an additional 15 square feet per child for a

toddler using a crib.

Worker Responsibilities

- If a waiver to group size is requested, the licensor must gather:
  - Information concerning compliance & complaint history,
  - Specific reasons why the waiver is needed,
  - Staff qualifications,
  - Program structure,
  - Square footage, and
  - Details about alternatives that were explored.
    The licensor must present this documentation to the supervisor with the waiver request. More information about waivers at WAC 388-295-0050.

Examples

- A center has four rooms licensed. The parents arrive at widely varying times in the morning and the center has asked the licensor if they may have only one room, with two staff, open in the morning until the population of children has grown enough to warrant opening additional rooms. What should the licensor say? The licensor must inform the center they will have to staff the group size to the youngest child present. The licensor must inform the center that the infant room must be opened as soon as the first infant arrives, since they are not allowed to be mixed with older children. Also, the licensor must inform the center they cannot mix age groups for more than one hour, so the rooms must be opened and fully staffed by that time.
- A center is licensed for ages one and older. They have enrolled an eleven-month-old child, and have told the licensor this is acceptable because they have written permission from the parent to include the child, and the parent has deemed the child developmentally appropriate to be with the one year olds. Since infants are not on this centers' license, does this reasoning apply? The exception to group size does not apply to this situation and the center must disenroll the child. An eleven-month-old is outside the licensed range for this center. WAC 388-295-2100(3) states "excluding infants…", meaning children one month through eleven months cannot be moved to other age

groups.

WAC 388-295-2110 Are children allowed in the kitchen when they are doing supervised activities?

(1) You must be sure that children are not in the kitchen except during supervised activities.

(2) When children are in the kitchen, you must:

(a) Supervise food preparation activities involving children; and

(b) Make the kitchen environmentally safe for children to participate in planned kitchen activities.

Kitchen Use with Children

Clarifying Information

- Group size, staff-to-child ratio, and supervision requirements remain in effect when children are in the kitchen for a supervised activity.
- If the center has laundry facilities in or adjacent to the kitchen, additional precautions must be taken to ensure children do not have access to dirty laundry or other items stored in the laundry. More about laundry at WAC 388-295-5110.
- "Environmentally safe for children" means that there are no sharp knives accessible, no toxics or cleaning materials, no tripping hazards, hot surfaces and hot fluids are inaccessible.

Worker Responsibilities

- Licensors must inspect kitchens with a different level of scrutiny if children will use the kitchen for activities. The room must be environmentally safe for children before it can be approved by the licensor for child care activities.

Examples

- A child care center wants to hold an occasional cookie baking activity with the children, but the kitchen at the facility is too small to safely hold all the children in a class. What are the options? The center can rotate small groups

of children to the kitchen. The group size in the kitchen cannot exceed the group size for the age of the youngest child supervised. Also, the children remaining in the room must be fully supervised within staff-to-child ratio and group size.

WAC 388-295-2120 Are there special program requirements for infants and toddlers?

(1) When you care for infants and toddlers you must:

(a) Encourage them to handle and manipulate a variety of objects;

(b) Provide a safe environment for climbing, moving and exploring;

(c) Provide materials and opportunities for large and small muscle development;

(d) Read and talk to them daily;

(e) Provide daily indoor opportunities for freedom of movement outside their cribs, in an open, uncluttered space;

(f) Place them in a prone (lying on the tummy) position part of the time when they are awake and staff are observing them;

(g) Not leave them in car seats once they arrive at the center even if they are asleep; and

(h) Not be left in playpens for extended periods of time excluding sleep time.

(i) Talk to and interact with each infant and toddler often and encourage them to respond. Naming objects and describing care encourages language development;

(j) Hold and cuddle infants and toddlers to encourage strong relationships; and

(k) Respond to and investigate cries or other signs of distress immediately.

(2) You must provide toys, objects and other play materials that:

(a) Are cleanable;

(b) Are nontoxic; and

(c) Cannot cause a choking hazard for infants or toddlers.

(3) You must not use baby walkers.

Infants & Toddlers: Program Requirements

Clarifying Information

- Providers must be encouraged to hold, talk to, and play with infants frequently. The young brain is developing neural pathways that will determine a lifetime of skills and abilities. A rich diet of love and healthy stimulation causes the brain to grow and flourish. See the BrainNet web site for more information about brain development in young children.
- Staff must not leave infants and toddlers in car seats, swings, or other similar containers while sleeping. Staff must remove the child from car seats and other carriers on arrival at the center, even if it means the child might wake on removal.

Worker Responsibilities

- DCCEL workers must inform directors and program supervisors during orientation about SIDS. DCCEL workers can direct the center administrative staff to distribute "Sudden Infant Death Syndrome: What Child Care Providers Should Know (DSHS 22-296)" (also in Spanish). The SIDS Foundation of WA and the Back to Sleep Campaign also have many resources. More requirements about SIDS at WAC 388-295-4110.
- Licensors must ensure that SIDS policies are included in the health care plan, and offer resources to the director if the policies need updating.

Examples

- A center has received numerous complaints over a three-month period, all having to do with infants biting. The biting is being done by several children and is not confined to one child. The parents are getting upset and moving their children to other facilities, and the director has consulted with the licensor for assistance in resolving the problem. What should the licensor do? The licensor should examine the program in place for infants and toddlers. Are all the aspects outlined in this regulation in place in the center? Are adults holding the infants during the day? Are there opportunities for large and small muscle play? Are there a good variety of objects for play? Are the staff well trained for the age group? Referral to the health specialist, local Resource

and Referral or local health authority would be appropriate.

WAC 388-295-2130 Do I need an outdoor play area?

(1) You must provide an outdoor program that promotes the child's coordination, active play, and physical, mental, emotional, and social development based on their age. The play area must:

(a) Adjoin the indoor premises directly or be reachable by a safe route or method;

(b) Have adequate drainage and be free from health and safety hazards;

(c) Contain a minimum of seventy-five usable square feet per child using the play area at any one time. If the center uses a rotational schedule of outdoor play periods so only a portion of the child population uses the play area at one time, you may reduce correspondingly the child's play area size.

(2) If you provide full-time care, the activity schedule must provide the child daily morning and afternoon outdoor play;

(3) If you provide drop-in care only, at our discretion we may approve equivalent, separate, indoor space for the child's large muscle play;

(4) You must ensure appropriate child grouping by developmental or age levels, staff-to-child ratio adherence, and maintain group size;

(5) Staff must be outdoors with the children in continuous visual and auditory range;

(6) You must provide a variety of age-appropriate play equipment for climbing, pulling, pushing, riding and balancing activities; and

(7) You must arrange, design, construct, and maintain equipment and ground cover to prevent child injury.

Outdoor Play Area

Clarifying Information

- Adjoining outdoor playgrounds and daily outdoor play are required. If there is no playground adjoining the child care facility the director can request a waiver from this regulation if they have a suitable playground near the center. Any alternative playground must meet all other regulations in WAC 388-295-2130. The licensor must approve the fencing around any alternative

playground considered for use under a waiver. See WAC 388-295-0050 for more information about waivers.

- If an alternative playground is considered, it must be reachable by a safe route, the staff must have a plan to move the children to the site safely, the site must be fenced according to the criteria in WAC 388-295-5090, and there must be suitable play equipment present for the age group being served.
- All group size and supervision requirements are in effect while on playgrounds. Staff must be in continuous visual and auditory contact with all children on the playground. Some outdoor play areas have pieces of equipment that could block a staff person's clear view, or the play area could have an odd shape that does not allow easy supervision. In these instances, the center must develop a plan to ensure the children are supervised in all areas of the outdoor play area. Elements of this plan can be (but is not limited to): staff constantly roaming the play area, removal of equipment that blocks views, fencing off areas, rotating staff to key areas for better supervision, and additional staff on playground.
- There must be enough staff outdoors with the children to meet the group size and supervision requirements for the group. We will not count staff that are indoors and looking out at the play area through windows as part of the group size requirements.
- We prohibit trampolines and rebounders in licensed childcare. There is also a new piece of equipment called a "bounce around" that is designed like the jumping equipment often seen at fairs or carnivals; it is an inflatable piece of equipment that children climb into and is essentially an enclosed trampoline. A major manufacturer of this type of equipment (Spinmaster) does not recommend using their product for child care. Their decision is based on the firm's quality assurance engineers and their legal counsel opinion. They state that in order to be used in a child care, the equipment would need to be manufactured of a more durable material.
- The Consumer Product Safety Commission's Handbook for Public Playground Safety can offer guidelines and standards, however it is important to know this document is for guidance only and is not enforceable by DCCEL

licensors. It should be considered a reference for best practice.

Worker Responsibilities

- If an alternative playground waiver is requested, and the licensor approves, the center must gather all relevant information required for the waiver and submit it to the licensor with a detailed waiver. The licensor must then present to the supervisor information that details how all the other requirements of this regulation will be met. See WAC 388-295-0050 for more information about waivers.
- Many centers use refrigerator boxes or other large containers for imaginative play. While these are a wonderful addition to the play area, DCCEL workers must inform the director that extra vigilance is necessary because supervising child inside boxes and containers is difficult.
- The licensor is responsible to approve or disapprove of a playground, and playground evaluations (size, equipment, ground cover, fence, access route, etc) are to be done by the licensor. Most DCCEL offices have licensors who have taken the playground safety course from the National Playground Safety Institute. Some offices have licensors who have qualified as Certified Playground Safety Inspectors who can be resources for playground questions.

Examples

- An urban facility does not have an outdoor play area adjacent to their building. They have been taking the children three blocks down the street to a public park for outdoor play. Is the facility required to have the parents sign a field trip authorization form for each visit to the park? Can the parents sign a blanket authorization once a year? The licensor has at least five topics to discuss with the licensee about this situation.
  (1) The center must request a waiver for this regulation. In the waiver request, they must provide a written plan demonstrating that the use of the off-site playground is an acceptable alternative method of meeting this regulation. The plan should address the safety and welfare of the children in care and should not take away from the service that the center provides. The waiver cannot be for longer than the term of the license, and would need to be

reviewed and re-approved at each subsequent license. Part of the plan must include how parents will contact the center if the center staff are all at the park with the children, and how the center will contact parents and emergency personnel in case of an emergency at the park. See WAC 388-295-0050 for more information about waivers.

(2) The parents could sign a blanket authorization for these off-site trips to the playground. The blanket authorization must be limited to the trips to the off-site playground, and any additional trips would require specific written authorizations from the parent. The full contents of the waiver must be disclosed to each parent as a part of this blanket authorization. The authorization must be renewed yearly when the parent updates information in the child's file.

(3) The child care center must post that they make daily trips to the off-site park, and this information must also be included in their policy and procedures handbook.

(4) If the children are transported off-site to the park, the licensee must meet the requirements of WAC 388-295-2070.

(5) The licensee must meet the requirements of WAC 388-295-0040. If local ordinances specify additional requirements for outdoor play areas, it is up to the licensee to work with the local municipality to meet this requirement. Local municipalities frequently require fence heights as a condition for the Certificate of Occupancy.

SECTION D: HEALTH & NUTRITION

WAC 388-295-3010 What kind of health policies and procedures must I have?

(1) You must have written health policies and procedures that are:

(a) Written in a clear and easily understood manner;

(b) Shared with all new staff during orientation;

(c) Posted for staff and families to review; and

(d) Reviewed, signed and dated by a physician, a physician's assistant or registered nurse when you change your policies and procedures or type of care that you provide, or at least every three years when you are due for re-licensing. (For example, if you go from caring for children from twelve months and older to caring for infants, you must update your health policies and procedures and have them reviewed and signed.)

(2) Your health policies and procedures must have information on how you plan to:

(a) Provide general cleaning of areas including but not limited to bathrooms, floors, walls, and doorknobs;

(b) Clean and sanitize areas including but not limited to food contact surfaces, kitchen equipment, diapering areas, toys, toileting equipment and areas, equipment that might be shared with several children such as sleep mats, cribs or high chairs;

(c) Prevent, manage and report communicable diseases;

(d) Handle minor injuries such as nosebleeds, scrapes and bruises;

(e) Provide first aid;

(f) Screen children daily for illnesses;

(g) Notify parents that children have been exposed to infectious diseases and parasites;

(h) Handle minor illnesses;

(i) Handle major injuries and medical emergencies that require emergency medical treatment or hospitalization;

(j) Manage medication;

(k) Assist with handwashing and general hygiene including diapering and toileting;

(l) Handle food;

(m) Provide nutritious meals and snacks;

(n) Respond during any disasters;

(o) Care for children that may have special needs;

(p) Care for infants and obtain infant nurse consultation (if licensed for four or more infants); and

(q) Place infants to sleep on their backs to reduce the risk of Sudden Infant Death Syndrome (SIDS).

(3) Your health policies and procedures must have information on when you plan to:

(a) Require ill children to stay home and for how long;

(b) Allow the ill child to return; and

(c) Call a parent to pick up their child and how you will care for the child until the parent arrives.

Health Policies and Procedures

Clarifying Information

- The center must post the health care plan in a location that is obvious to parents and staff, and is easily accessible to the public. Posting at a location that is on the normal route used by parents as they enter or move about in the center meets this requirement. Often the health care plan is large, so placing the health care plan in a binder and posting a notice of the binder's location would meet the intent of this regulation.
- Health care plans are not approved until signed by a physician, physician's assistant, or registered nurse. Updated plans must also be reviewed and approved as changes are made, or at least every three years (typically at relicensing time). A physician, physician's assistant, or registered nurse must review and sign all new or revised health care plans.
- The center must include in the policy and procedure handbook (WAC 388-295-2080) the portion of the health care policies that contain details about ill children. For example:
  - When ill children must remain at home.
  - When the ill child can return to care.

- When the center will phone parents to pick up ill children.
- How the center will care for ill children until the parent arrives.
- Communicable disease procedures and obligation to report.

Worker Responsibilities

- If possible, the health specialist should review the health care plan before the medical professional signs it. Since some health professionals are not well versed in child care health issues, this can save the center time in getting approval of the health care plan.
- The licensor must:
  - Review the written health policies. Consult with the health specialist if there are questions or concerns.
  - Consult with the health specialist if there are changes at the center effecting the policy and procedures outlined and approved in an existing health care plan.

Examples

- A center wants to add infants to their clientele (or, they want to increase the number of infants they serve). What issues must the center address? The center must update their health care plan with a section about infant care. A physician, physician's assistant, or registered nurse must review and sign all new or revised health care plans. Licensors must add a copy of the revised health care plan to the licensing file.

WAC 388-295-3020 How often must staff wash their hands?

Staff and volunteers must wash their hands with soap and warm water:

(1) When arriving at work;

(2) After toileting a child;

(3) Before, during (may use wet wipe) and after diapering a child;

(4) After personal toileting;

(5) After attending to an ill child;

(6) Before and after preparing, serving, or eating food;

(7) Before and after giving medication;

(8) After handling, feeding or cleaning up after animals;

(9) After handling bodily fluids;

(10) After smoking;

(11) After being outdoors or involved in outdoor play; and

(12) As needed.

Hand Washing: Staff

Clarifying Information

- The center is responsible to ensure that water between 85-120 degrees is available at all hand washing sinks each time hands are washed. See WAC 388-295-5070(2) for more information.
- The proper procedure for checking water temperature for hand washing is:
  - Ensure the thermometer is properly calibrated and in good condition.
  - Turn on the hot water tap for long enough to ensure hot water is reaching the tap.
  - Insert the thermometer probe directly into the running water.
  - Record the highest temperature obtained.
- During the diaper changing process, diaper wipes may only be used for hand washing during the second step, not before the diaper change begins or after it is completed. Staff must wash hands using soap and warm running water before and after changing diapers.
- Proper hand washing procedure is:
  - Ensure that soap (preferably liquid soap), warm water (between 85 and 120 degrees F), and single use disposable paper towels are available.
  - Turn on water until it reaches a temperature between 85 and 120 degrees.
  - Moisten hands with water and apply soap to hands.
  - Rub hands together vigorously until a soapy lather appears and continue for at least 10 seconds. Rub areas between fingers, around nails, under fingernails, jewelry, and back of hands.

  - Rinse under running water. Leave water running while drying hands.
  - Dry hands with a clean, single use, disposable paper towel.
  - Turn taps off with the single use disposable paper towel.
  - Throw the single use disposable paper towel into covered lined trash container.
- At each hand-washing sink, there must be warm water, soap in a dispenser, and paper towels mounted in a dispenser (WAC 388-295-5100).

Worker Responsibilities

- DCCEL workers must check water temperature in a sample of hand washing sinks at the center. The sample must include (at minimum) any sinks in rooms where diapering take place, kitchen sinks, and the sink furthest from the hot water tank.
- DCCEL workers must observe (if possible) hand-washing practices of the staff.

Examples

- During a monitor visit, it takes over two minutes before the water reaches the minimum 85 degrees. What should the licensor or health specialist do? The DCCEL worker must write a Facility Licensing Compliance Agreement requiring the center to ensure that water of the proper temperature is available each time hands are washed. The time to allow the center to fix this problem must be short (for example: before the beginning of business the following day), since the health and sanitation risks of not having water of the proper temperature are serious. If the center does not meet the timeline listed in the Facility Licensing Compliance Agreement, the DCCEL worker must consider further action such as civil penalties or license suspension. Proper water temperature is vital for hand washing to minimize illness and communicable diseases.

WAC 388-295-3030 When is a child or staff member too ill to be at child care?

(1) Your staff must check all children for signs of illness when they arrive at the center

and throughout the day.

(2) You must exclude children and staff with the following symptoms from care:

(a) Diarrhea (three or more watery stools or one bloody stool within twenty-four hours);

(b) Vomiting (two or more times within twenty-four hours);

(c) Open or oozing sores, unless properly covered with cloths or with bandages;

(d) For suspected communicable skin infection such as impetigo, pinkeye, and scabies: The child may return twenty-four hours after starting antibiotic treatment;

(e) Lice or nits; and

(f) Fever of 100 degrees Fahrenheit or higher and who also have one or more of the following:

(i) Earache;

(ii) Headache;

(iii) Sore throat;

(iv) Rash; or

(v) Fatigue that prevents participation in regular activities.

(3) Children and staff who have a reportable disease may not be in attendance at the child care center unless approved by the local health authority.

(4) You must not take ear or rectal temperatures. Oral temperatures can be taken for preschool through school age if single use disposable covers are used over the thermometer.

(5) When a child becomes ill or injured while in your care, you must:

(a) Keep a confidential, individualized, written record in the child's file that includes the:

(i) Date of an illness or injury;

(ii) Treatment provided while in care; and

(iii) Names of the staff providing the treatment.

(b) Provide a copy of the illness or injury report to the parent; and

(c) Keep a current, written incident log listing date of illness or injury, the child's

name, names of staff involved, and a brief description of the incident for tracking and analysis.

(6) You must notify parents in writing when their children have been exposed to infectious diseases or parasites. The notification may consist of either a letter to parents or posting a notification for parents in a visible location.

(7) You are a mandated disease reporter to the health department per WAC 246-101-415. You can obtain a list of reportable diseases, timeframes for reporting and reporting phone numbers from your local health department.

Illnesses: Staff and Children

Clarifying Information

- Refer to WAC 388-295-6040 and WAC 388-295-7060 for more information and requirements about child injuries.
- Logging child injuries allows the provider and the licensor can see trends and take corrective action. For example, a specific piece of equipment may need to be moved or used differently if injuries begin to accumulate.
- The center must exclude staff from working if they have any symptoms of illness listed in this regulation.
- The center must instruct staff to check children daily for illness and injuries. Staff must document in a log any suspected illnesses and injuries, and report them as required by this regulation (for illnesses) and/or WAC 388-295-6040 (for injuries due to suspected abuse). The center must distribute any Child Injury/Incident Reports according to the directions in WAC 388-295-7060.
- Definitions and examples of illness-causing agents:
  - *Infectious Disease*: an illness caused by infection with specific germs such as viruses, bacteria, funguses, and parasites.
  - *Communicable Disease* (same as contagious disease): illness spread from one person to another either directly or indirectly.
  - *Parasites*: lice, scabies, giardia, and pinworm are some examples.
- Notifiable conditions that must be reported to the local health authority are listed in WAC 246-110-010, and are (but are not limited to):

- AIDS
- Animal bites
- Campylobacteriosis (campy)
- Diphtheria
- Disease of suspected bioterrorism origin
- Disease of suspected foodborne origin
- Disease of suspected waterborne origin
- Encephalitis
- Enterohemorrhagic *E. coli*
- Giardiasis,
- Haemophilus influenzae (HIB)
- Hepatitis A, B, & C
- HIV infection
- HUS
- Immunization reactions
- Influenza
- Listeriosis
- Measles
- Meningococcal infections
- Mumps
- Pertussis
- Pesticide poisoning
- Polio
- Rubella
- Salmonellosis
- Shigellosis
- Streptococcus
- Tetanus
- Trichinosis
- Tuberculosis
- West Nile virus
- Yersiniosis

- Steps for a center to report a notifiable disease are:
- Document all relevant details (such as: name & contact information for subject, information indicating this is a notifiable condition, symptoms, etc).
- Contact the local health authority and report the details.
- If no one is available at the local health authority to take the report, contact the Department of Health (DOH) at their 24-hour reporting line: 1-877-539-4344.
- Follow the instructions of local health or DOH.
- Notify the licensor that a report was made to local health or DOH. Because this involves an illness that requires medical attention, the licensor must be notified.

- Centers must not allow children or staff with a reportable communicable disease to attend the facility unless there is prior approval from the local health authority. This approval must be in writing and must state that the child or staff is cleared to be in contact with others.

Worker Responsibilities

- DCCEL workers must confirm the center screens children daily for illness.
- DCCEL workers must review the center's policy on excluding ill children from care.
- DCCEL workers must review the center's policy and procedure for notifying parents of infectious disease exposure. Offer technical assistance if needed.
- The licensor must consult with the health specialist and local health whenever a center reports a communicable disease.

Examples

- The licensor receives a complaint alleging that a child has a large bruise on the back of the neck. The child's public school teacher phoned the complaint into Children's Administration Intake. When DLR/CPS interviews the parent, they are told that the child must have received the injury in child care. The DLR/CPS investigator then interviews the staff at the child care and is informed the child frequently comes to the center with unexplained bruises. None of the center staff recalls any injuries to the child that day. The DLR/CPS investigator turns to the licensor for help. What should the licensor do? The DLR/CPS investigator will determine if the injury happened at home or at the center. The licensors role is to examine any licensing issues associated with the complaint referral. The center is required to check all children daily for injuries and illness. The licensor must ask if the center keeps a log with written documentation of child injuries. Although not required, it is protective of both the center and the children to record in a log any injuries the child comes to care with each day. The licensor must also ask why the center did not make a report to Children's Administration Intake when the injuries became suspicious. If the licensor determines the center had reason to believe the injuries to the child were due to abuse, neglect, or exploitation,

the licensor must write a Facility Licensing Compliance Agreement directing the center to require mandated reporting training to all staff.

- The health specialist visits a center and discovers a toddler crying inconsolably. An hour later, the child is still crying. The health specialist questions the staff member and the director, and then reviews the child's file. What else should the health specialist do? The health specialist must ask the director to contact the child's parent and request the parent seek medical advice for this child.
- A staff person at a center phones the licensor anonymously and states the center is short-handed on classroom help and is requiring ill staff to report to work. The staff person is concerned because one staff working in a classroom has a fever of well above normal. What should the licensor do? Since this is a health-related complaint, the licensor must notify the health specialist, then visit the center and determine whether the allegations are accurate. If so, the licensor or health specialist must review the center's policy about allowing ill staff and children on premises, discuss the policy with the director, and write a Facility Licensing Compliance Agreement for violation of this regulation.
- A parent phones Children's Administration Intake and states the center her child attends is allowing a child with chickenpox to be on-site and in contact with the other children. The parent states she discussed this with the director and the director considers this a 'public service' so parents can get their children exposed before they start public school. This parent does not want her child exposed to chickenpox at this time. What should the licensor do? Since this is a health-related complaint, the licensor must contact the health specialist and coordinate a joint visit (if possible). DCCEL staff must visit the center and review the health care plan (WAC 388-295-3010) with the director. If the center is in violation of this regulation, the licensor or health specialist must write a Facility Licensing Compliance Agreement directing the center to come into compliance.
- A center is experiencing an outbreak of rotavirus. What should they do? The center must report the outbreak to their local health authority. The center must also report the outbreak to the licensor. The licensor is responsible to

contact the health specialist, who will be able to offer technical assistance. All parents must be contacted by the center in writing. The center cannot allow any infected children or staff to return to the center until approved in writing by the local health authority.

WAC 388-295-3040 How often must children wash their hands?

Children must wash their hands with soap and warm water:

(1) On arrival at the center;

(2) After using the toilet;

(3) After the child is diapered;

(4) After outdoor play;

(5) After playing with animals;

(6) After touching body fluids (such as blood or after nose blowing or sneezing); and

(7) Before and after the child eats or participates in food activities.

Hand Washing: Children

Clarifying Information

- The center is responsible to ensure water between 85-120 degrees is available at all hand washing sinks each time hands are washed.
- It is not the child's responsibility to ensure the water is warm enough for hand washing. The center must ensure there is warm water available for children to wash their hands.
- The proper procedure for checking water temperature for hand washing is:
  - Ensure the thermometer is properly calibrated and in good condition.
  - Turn on the hot water tap for long enough to ensure hot water is reaching the tap.
  - Insert the thermometer probe directly into the running water.
  - Record the highest temperature obtained.
- Proper hand washing procedure is:
  - Ensure that soap (preferably liquid soap), warm water (between 85 and

120 degrees F), and single use disposable paper towels are available.

  - Turn on water until it reaches a temperature between 85 and 120 degrees.
  - Moisten hands with water and apply soap to hands.
  - Rub hands together vigorously until a soapy lather appears and continue for at least 10 seconds. Rub areas between fingers, around nails, under fingernails, jewelry, and back of hands.
  - Rinse under running water. Leave water running while drying hands.
  - Dry hands with a clean, single use, disposable paper towel.
  - Turn taps off with the single use disposable paper towel.
  - Throw the single use disposable paper towel into covered lined trash container.
- At each hand-washing sink, there must be warm water, soap in a dispenser, and paper towels mounted in a dispenser (WAC 388-295-5100).

Worker Responsibilities

- DCCEL workers must check water temperature with a properly calibrated thermometer in a sample of hand-washing sinks at the center. The sample must include any sinks in rooms where diapering take place, and the sink furthest from the hot water tank.
- DCCEL workers must confirm the center has a procedure in place to ensure all children wash their hands at the times outlined in this regulation.
- DCCEL workers must observe (if possible) children washing hands.

Examples

- During an initial-to-full visit, the health specialist discovers a goat housed outside the child care building. The director explains the goat is used as part of the center's pet curriculum. What should the health specialist do? The health specialist must investigate the center's method for hand washing prior to and following contact with the goat. If there is no sufficient procedure in place, the health specialist must write a Facility Licensing Compliance Agreement requiring the center to devise a method of hand washing following contact with the animal [WAC 388-295-5170(5)].

- During a routine visit, the health specialist (or licensor) witnesses the children sit down to eat without first washing their hands. What should the health specialist do? The health specialist (or licensor) must discuss with the director the importance of hand washing. There must be a Facility Licensing Compliance Agreement written for violation of this regulation. Staff training should be part of the Compliance Agreement.

WAC 388-295-3050 Am I required to give medications to the children in my care?

If a child has a condition where the Americans with Disabilities Act (ADA) would apply you must make reasonable accommodation and give the medication.

Medications

Clarifying Information

- The Federal Department of Justice (DOJ) enforces the Americans with Disabilities Act (ADA). The DOJ has two pamphlets on their website with more information about ADA and child care:
  - Child Care Centers and the Americans with Disabilities Act,
  - Commonly asked Questions about child care centers and the Americans with Disabilities Act.
- The Include Me: Guide to Inclusive Child Care booklet is available on the DCCEL Internet site. This contains a wealth of information, tips, and resources.
- The Northwest Disabilities and Business Technical Assistance Center (DiBTAC) is a federally funded agency offering technical assistance for ADA challenges.

Worker Responsibilities

- DCCEL workers must confirm the center has a reasonable accommodation and medication policy in place that accommodates any child who has a condition where the American with Disabilities Act (ADA) might apply.

Examples

- A center has a written policy stating they do not administer medications. A child already in care develops a need to use a nebulizer to administer an asthma medication. The child is capable of administering the medication, but needs supervision. The center refuses to allow the child back into care, and they cite their policy about medication administration. What should the licensor or health specialist do? The center cannot refuse to accommodate this child, in spite of their written policy. The director must work with the parents in finding a way to help. The licensor or health specialist must write a Facility Licensing Compliance Agreement citing this regulation, and direct the center to cooperate with the parent to resolve the problem.

WAC 388-295-3060 Who can provide consent for me to give medication to the children in my care?

(1) Parents must give written consent before you give any child any medication. The parent's written consent must include:

(a) Child's first and last name;

(b) Name of medication;

(c) Reason for giving medication;

(d) Amount of medication to give;

(e) How to give the medication (route);

(f) How often to give the medication;

(g) Start and stop dates;

(h) Expected side effects; and

(i) How to store the medication consistent with directions on the medication label.

(2) The parent consent form is good for the number of days stated on the medication bottle for prescriptions. You may not give medication past the days prescribed on the medication bottle even if there is medication left.

(3) You may give the following medications with written parent consent if the medication bottle label tells you how much medication to give based on the child's age and weight:

(a) Antihistamines;

(b) Nonaspirin fever reducers/pain relievers;

(c) Nonnarcotic cough suppressants;

(d) Decongestants;

(e) Ointments or lotions intended to reduce or stop itching or dry skin;

(f) Diaper ointments and nontalc powders, intended only for use in the diaper area; and

(g) Sun screen for children over six months of age.

(4) All other over the counter medications must have written directions from a health care provider with prescriptive authority before giving the medication.

(5) You may not mix medications in formula or food unless you have written directions to do so from a health care provider with prescriptive authority.

(6) You may not give the medication differently than the age and weight appropriate directions or the prescription directions on the medication label unless you have written directions from a health care provider with prescriptive authority before you give the medication.

(7) If the medication label does not give the dosage directions for the child's age or weight, you must have written instructions from a health care provider with prescriptive authority in addition to the parent consent prior to giving the medication.

(8) You must have written consent from a health care provider with prescriptive authority prior to providing:

(a) Vitamins;

(b) Herbal supplements; and

(c) Fluoride.

Medication: Consent to Administer

Clarifying Information

- The center must have written permission from a parent and/or health care provider (depending on the type of medication) to administer medication before staff administers the medication. If the parent forgets to provide written permission when they drop off a child, the center can phone the parent and

request the parent fax written permission to the center.

- A center cannot phone a parent during the day and obtain verbal or faxed permission to administer a medication for an illness or condition that develops during the child care day. This would place the center in the position of diagnosing the child. In this instance, the center should contact the parent to come and get the child for a medical evaluation.
- Centers can purchase and use diaper ointments, non-talc powder, and sunscreen in bulk quantities if the requirements of WAC 388-295-3080 are met. The center may use no other bulk medications. All other medications must be child-specific; that is, all other medications must be in a container specific for the individual child, labeled as outlined by WAC 388-295-3070, and with all appropriate written permissions in place before staff can dispense the medication.

Worker Responsibilities

- DCCEL workers must confirm the proper written permission and consent forms exist for children taking medications and that staff are properly trained in all medication procedures. The health specialist should observe, if possible, the center staff administering medication.

Examples

- A parent leaves acetaminophen (or other non-prescription medication) when she drops off her child, but forgets to leave written permission and directions for the center to administer the medication. The center administers the medication by following the directions on the container. The licensor stops for a monitor visit and observes medication being administered to a child in care, but during a review of the child's file does not find the appropriate written permission. What should the licensor do? The licensor should consult with the health specialist for technical assistance and develop a Facility Licensing Compliance Agreement for violation of this regulation. Administering medication to a child without proper written permission and direction places the child, the staff, and the center at risk. It would be acceptable for the center to phone the parent and ask that written directions and signed permission be faxed to the center.

- A director phones the licensor and asks for advice. A parent dropped off a bottle of decongestant with their 17-month-old child and asked that it be used because the child was congested. The parent had written permission and dosage information with the bottle of medication. When the staff at the center read the bottle directions, it clearly stated that the medication is not to be used for children under two years of age. What should the licensor say? This regulation allows a center to administer this type of medication (a decongestant) to a child if they have written permission from the parent. This regulation also states the medication must be administered to only the age and weight child listed on the label, unless there are written directions from a medical professional. If the medication label does not recommend use for children under two years of age, the center must not use the medication for this 17-month-old child, even if they have the parent's written permission. The licensor should congratulate the director on the diligence of the staff and ask the director to contact the parent and inform them this medication cannot be used unless there is also written permission from a health care provider. The licensor can refer the center to the health specialist if there are further questions.
- A staff person at a center has been administering St John's Wort to a child with the belief the herb might help the child to be less 'busy' during the day. The director discovers this and places the staff person on administrative leave pending an investigation. The director then phones the licensor with this information. What should the licensor do? The licensor must ask the director to phone this incident into Children's Administration Intake. Since this is a health-related issue, the licensor should contact the health specialist for advice. DCCEL staff must determine whether there is written permission in the child's file from a health care provider to use this herb. DCCEL must also determine if the parent knew about this practice, if the center is covering this topic during staff orientations, and if this particular staff person attended an orientation at the center. If there is no permission from a health care provider or no evidence of staff orientation, the licensor or health specialist must write a Facility Licensing Compliance Agreement citing this regulation. The health policies at the center must be examined to ensure they include who has

permission to administer medications to children, and that staff are fully trained about the health care policies. The licensor should also conduct a Character, Competence, and Suitability Evaluation for the person responsible, and staff the results with the supervisor.

- During a routine visit at the center, the health specialist discovers a bottle of acetaminophen that is labeled "daycare". There is no further indication who the medication is intended for. The health specialist also discovers there are several children's files that have blanket permission slips allowing the center to administer acetaminophen or aspirin on an "as needed" basis. What should the health specialist do? The health specialist must review the medication regulations and the health care plan with the director. A Facility Licensing Compliance Agreement must be written directing the center only accept properly labeled bottles and to stop accepting "as needed" authorizations. Training for all staff on the components of the health care plan would be appropriate.

WAC 388-295-3070 How must I store medications?

(1) You must store medications in the original container labeled with:

(a) The child's first and last names;

(b) If a prescription, the date the prescription was filled;

(c) The expiration date; and

(d) Easy to read instructions on how to give the medication (i.e., the bottle is in the original package or container with a clean and readable label).

(2) You must store medications:

(a) In a container inaccessible to children (including staff medications);

(b) Away from sources of moisture;

(c) Away from heat or light;

(d) Protected from sources of contamination;

(e) According to specific manufacturers or pharmacists directions;

(f) Separate from food (medications that must be refrigerated must be in a container to keep them separate from food); and

(g) In a manner to keep external medications that go on the skin separate from internal medications that go in the mouth or are injected into the body.

(3) All controlled substances must be in a locked container.

Medications: Storage

Clarifying Information

- The labeling and storage requirements of this regulation apply to both prescription and non-prescription (over the counter) medications.
- A list of controlled substances can be found at RCW 69.50.
- Syrup of Ipecac is a medication and must be stored in a manner that meets the requirements of WAC 388-295-3070(2). It does not need to be locked (since it is not a controlled substance) but it must be inaccessible to the children in care.

Worker Responsibilities

- DCCEL workers must confirm the center stores medications in a manner consistent with this regulation.

Examples

- A parent brings a child to care, and drops off a plastic sandwich baggie full of medication. The parent has written permission from both herself and the child's medical provider to administer the medication. The director informs the parent they cannot accept the medications in a plastic bag, and they must be in the original container. The parent becomes upset, removes the child from care, and phones Children's Administration Intake alleging the center is refusing to administer medications to her child. What should the licensor do? Since this is a health-related complaint, the licensor must consult with the health specialist. The licensor (or health specialist) must fully investigate the allegations, but if the center refused to accept the medications in a non-original container, there is no license violation.
- The health specialist (or licensor) makes a routine visit and discovers antibiotics requiring refrigeration are stored at room temperature. What should the health specialist do? The health specialist (or licensor) must write a

Facility Licensing Compliance Agreement directing the center to store medications according to the manufacturer or pharmacist's instructions – in this case, refrigerated.

WAC 388-295-3080 Can I use bulk medications (use one container for all the children such as with diaper ointments)?

You can keep bulk containers of diaper ointments and nontalc type powders intended for use in the diaper area and sun screen if you:

(1) Obtain written parental consent prior to use;

(2) Use for no longer than six months; and

(3) Notify the parents of the:

(a) Name of the product used;

(b) Active ingredients in the product; and

(c) Sun protective factor (SPF) in sun screen.

(4) Apply the ointments in a manner to prevent contaminating the bulk container.

Bulk Medications

Clarifying Information

- This regulation requires the center to notify parents of the name of the bulk product used, the active ingredients, and (if sunscreen) the SPF factor. This notification should be in writing to each parent.
- The center must include in the health care plan details about their procedure to notify parents if bulk products are used.
- Vaseline and other petroleum jelly products are not included in the bulk medication regulation and must be treated as medications.
- Bulk diaper ointments, non-talc powers, and sunscreen are medications and they must be stored according to requirements listed in WAC 388-295-3070.
- Bulk diaper ointments, non-talc powers, and sunscreen are medications and permission for their use is governed by the requirements of WAC 388-295-3060(1) & (3)(f) & (g)

Worker Responsibilities

- DCCEL workers must confirm:
  - Confirm the center has written permission from the parent before bulk products are used.
  - Confirm the center has a procedure in place to notify parents of the name of any bulk product used and the ingredients in the product. The health care plan must detail this procedure.

Examples

- A parent phones Children's Administration Intake and complains that their child broke out in a rash because of an allergy to the sunscreen the center is using. The center is applying bulk sunscreen to children without first notifying the parents. What should the licensor do? The licensor must notify the health specialist, who can provide technical assistance to the center. Either the licensor or the health specialist must write a Facility Licensing Compliance Agreement directing the center to notify all parents in writing of any bulk medications used. This notification must meet all the requirements of this regulation.

WAC 388-295-3090 How do I handle left over medication?

You must not keep old medications on site. When a child is finished with a medication, you must either:

(1) Give it back to the parent; or

(2) Dispose of it by flushing medication(s) down the toilet.

Medications: Left Over

Clarifying Information

- The center must make all attempts to return unused medication to the parent. Some counties forbid the disposal of medications into sewer and septic systems.

Worker Responsibilities

- DCCEL workers must confirm the center has a process in place to return unused medications to parents or to dispose of unused medications. The process must account for all medications.

Examples

- During a monitor visit, a licensor discovers a small cache of old medications stored in a cabinet at the center. What should the licensor do? The licensor must ask the director to contact the parents of all children for whom this medication was intended, and ask if they want it returned. The center must make all attempts to return unused medication to the parent. Some counties forbid the disposal of medications into sewer and septic systems. The licensor must write a Facility Licensing Compliance Agreement directing the medication be returned to the parent or disposed of. The timeline for completion of this resolution should be short (no more than one week) and the director must make all staff aware of the medication disposal policy.
- During a routine visit, the health specialist (or licensor) discovers the center has numerous containers of cold medicine that are no longer in use. The director informs the health specialist that the parents have requested the medication be kept "on hand" for future use if needed. The health specialist (or licensor) must discuss with the director that medications cannot be stored at the child care. Medications can be kept at the center only on an "as needed" basis, all other medications must be returned to the parent. The health specialist (or licensor) must write a Facility Licensing Compliance Agreement for violation of this regulation.

WAC 388-295-3100 When can children take their own medication?

(1) Children can take their own medication if they:

(a) Have a written statement from the parent requesting the child take their own medication;

(b) Have a written statement from a health care provider with prescriptive authority stating that the child is physically and mentally capable of taking their own medication; and

(c) Meet all other criteria in this chapter 388-295 WAC including storage of medications.

(2) A staff member must observe and document that the child took the medication.

Medications: Child Administered

Clarifying Information

- Center staff supervising while the child takes medication must place documentation meeting the requirements of WAC 388-295-3120 in the child's file.
- All self-administered medication must be stored in accordance with WAC 388-295-3070. No self-administered medication is to be stored in the child's backpack, cubby, etc.

Worker Responsibilities

- DCCEL workers must
  - Confirm the center has written permission from any parent who has authorized their child to self-administer medication.
  - Observe (if possible) the center staff supervising and documenting self-administered medication.

Examples

- A child has parental permission to self-administer nebulizer treatment. On one particular day, the parent has some doubt the child was given the opportunity to administer the medication and the child cannot remember. The parent phones the center and asks the director to check the documentation to confirm the medication was administered. The director is unable to find any documentation concerning this child and medication, so the parent phones the licensor. What should the licensor do? The licensor should contact the health specialist to provide technical assistance for the center. Either the licensor or health specialist must discuss with the director the importance of maintaining an accurate log of dispensed medications. A Facility Licensing Compliance Agreement must be written for violation of the documentation portion of this regulation. A staff training on the health care plan and

medication regulations should be a component of the Compliance Agreement.

- During a monitor visit, the health specialist discovers a center has a child who self-administers medication with a nebulizer. The staff supervising this process has not been trained in the correct use of the nebulizer and is unable to judge if the child is using it properly. What should the health specialist do? The health specialist should consult with the licensor and write a Facility Licensing Compliance Agreement for the center to have all staff supervising any self-administered medications trained in the procedure.

WAC 388-295-3110 Do I need special equipment to give medication?

To give liquid medication you must use a measuring device designed specifically for oral or liquid medications. Parents should provide the measuring devices for individual use.

Medications: Special Equipment

Clarifying Information

- In order to prevent contamination, parents must supply the measuring and/or dispensing device for their own child to use for liquid medications.

Worker Responsibilities

- DCCEL workers must confirm that the center uses an individual measure device, supplied by the parent, for each child using liquid medication.
- DCCEL workers must confirm that the center has a system in place to label or otherwise keep measuring devices separate and identified. This should also be listed in the health care plan.

Examples

- During a licensing visit, the licensor discovers a drawer full of loose medicine spoons. Some of the spoons are labeled and others are not. Some spoons are for children no longer attending the center. What should the licensor do? The licensor must contact the health specialist to provide technical assistance concerning proper labeling and the risk of contamination when spoons are stored in this manner. The center must be directed to cull the spoons belonging to children no longer in attendance. Either the licensor or the health

specialist must write a Facility Licensing Compliance Agreement directing the center to find another method of storing the spoons that ensures proper labels remain affixed and that prevents contamination. Storing the medicine spoons in labeled zip-lock bags is one option.

WAC 388-295-3120 What documentation is required when giving children medication?

You must keep a confidential, written record in the child's file of:

(1) Child's full name, date, time, name of medication and amount given (indicate if self-administered);

(2) Initial of staff person giving medication or observing the child taking the medication with a corresponding signature on the medication record to validate the initials; and

(3) Provide a written explanation why a medication that should have been given was not given.

Medications: Documentation

Clarifying Information

- Medication that is not used must be disposed of as required in WAC 388-295-3090.

Worker Responsibilities

- DCCEL workers must confirm that the center has a system in place to track medication dispensed to children. There should be evidence in the children's files that this information is being gathered and recorded. The system must include a method to record all items listed in this requirement:
  - Child's full name.
  - Date and time medication was dispensed.
  - Amount dispensed.
  - Initials of staff person dispensing the medication or observing the child administer the medication.
  - Written explanation of why a medication that should have been dispensed

was not.

- If possible, DCCEL workers must observe staff documenting the dispensing of medications.

Examples

- A licensor discovers a center is using a single log to record all medications administered to children. This method does not allow the center to maintain a confidential record of medication that has been disbursed. Unless the center makes multiple copies of the log, redacts each copy, then places a copy into each child's file, the center is also out of compliance with the portion of this regulation that requires a record be placed in the child's file. The licensor must contact the health specialist to provide technical assistance. Either the licensor or the health specialist must write a Facility Licensing Compliance Agreement directing the center to begin using a more confidential method for recording medication disbursements.

WAC 388-295-3130 Can anyone else give medication to children in my care?

(1) Only staff persons who have been oriented to your center's medication policies and procedures can give medications.

(2) You must have documentation that the staff person has been oriented.

(3) Before a staff may administer medications they must ask parents to provide instruction on specialized medication administration procedures or observations, i.e., how to use the nebulizer, epi-pens or individual child's preference for swallowing pills.

Clarifying Information

- Staff must be oriented to the center's medication policies and procedures. This orientation must be done during the initial hire orientation for new employees and as needed for existing employees. The center must place documentation of completion of the orientation in the employee's file. The orientation must include an introduction to all aspects of:
  - WAC 388-295-3050 – Am I required to provide medications to the children in my care?

- WAC 388-295-3060 – Who can provide consent for me to give medication to the children in my care?
- WAC 388-295-3070 – How must I store medications?
- WAC 388-295-3080 – Can I use bulk medications?
- WAC 388-295-3090 – How do I handle left over medication?
- WAC 388-295-3100 – When can children take their own medication?
- WAC 388-295-3110 – Do I need special equipment to give medication?
- WAC 388-295-3120 – What documentation is required when giving children medication?
- WAC 388-295-3130 – Can anyone else give medication to children in my care?

- The center is responsible to ensure that all staff administering medications are trained in all aspects of the center medication policies and practices.

Worker Responsibilities

- DCCEL workers must confirm that all staff administering medication has been oriented to the center's medication policies and procedures and the individual plan of care for any child at the center with one. Documentation of this orientation must be in the staff personnel files.
- DCCEL workers must confirm that for any child self-administering medications, the parent of the child has instructed staff on the proper use of the medication or procedure.

Examples

- During an initial-to-full visit, the health specialist discovers that many of the center staff do not have documentation in their personnel files that they have had the medication training necessary to dispense medications. What should the health specialist do? The health specialist must discuss with the director that if these staff should ever be in the position where they are required to dispense medications, the center will be out of compliance with this regulation.

WAC 388-295-3140 What kind of milk can I serve?

(1) Only pasteurized milk or pasteurized milk products can be served to children in your care.

(2) Nondairy milk substitutes may be served only with written permission of the child's parent for children over the age of twelve months.

(3) The amount of required milk fat in the milk product is determined by the child's age:

If the age of the child is:	Then the fat content of the milk must be:
(a) Under 12 months	Full strength formula or full strength breast milk unless there is specific written instructions from a licensed health care provider.
(b) Between 12 months and 24 months	Full strength whole milk or breast milk unless there is specific written instruction from a licensed health care provider.
(c) Over 24 months	With or without fat content of providers or parents choice.

Nutrition: Milk

Clarifying Information

- All milk served (including “organic”) must be pasteurized and the fat content must meet the requirements for the age of the child.

Worker Responsibilities

- DCCEL workers must confirm:
  - The center is only using milk products approved by this regulation.
  - There is written permission from the parent in the child’s file for any child using a nondairy milk substitute.
  - The fat content of any milk products served meets the requirements of this regulation for each age group. For any child not using products with the required fat content, there must be written instructions from a licensed health care professional in the child’s file.

Examples

- A provider asks the licensor if there is a conflict within this regulation. Part of

the regulation allows a parent to give permission for children over 12 months to use non-dairy milk substitutes. Another part of the regulation requires written permission from a licensed health care provider for a deviation from the requirements. What should the licensor say? There is no conflict within the regulation, it deals with two separate issues:

- First, WAC 388-295-3140(2) relates to non-dairy milk substitutes. Before non-dairy substitutes can be served, the provider needs the parent's written permission.
- Second, WAC 388-295-3140(3)(b) relates to the required amount of milk fat in milk products served to children between 12 and 24 months of age. In order to serve less than full strength whole milk or breast milk to a child in that age category, there must be written instructions from a licensed health care professional.
  Therefore, if a provider wanted to serve nondairy milk substitute to a child between ages 12 and 24 months, they would need permission from *both* the parent and a licensed health care professional.

WAC 388-295-3150 How many meals and snacks must I serve?

(1) The number of meals or snacks you must serve is based on the number of hours you are open.

If you are open:	You must serve at least:
(a) Nine hours or less	(i) Two snacks and one meal; or (ii) One snack and two meals.
(b) Over nine hours	(i) Two snacks and two meals; or (ii) Three snacks and one meal.

(2) You must also offer:

(a) Food at intervals not less than two hours and not more than three and one-half hours apart;

(b) Breakfast or snack to children in morning care whether or not the child ate before arriving at the center;

(c) Breakfast to the child in nighttime care if the child remains at the center after the child's usual breakfast time;

(d) A snack or meal for children arriving after school;

(e) Dinner to children in nighttime care if the children are at the center after their usual dinnertime or have not had dinner; and

(f) An evening snack to children in nighttime care.

Nutrition: Quantity of Meals and Snacks

Clarifying Information

- Children need to eat at regular intervals in order to maintain mental and physical well-being.

Worker Responsibilities

- DCCEL workers must inspect sample menus (for initial inspections) and actual menus (for centers currently operating) and confirm the center is providing the number and type of meals specified by this regulation.

Examples

- A child complains to their parent that they are only receiving two snacks and one meal. The parent discusses this with the director, who states the cook goes home after lunch and there is no one available to prepare an additional meal. The parent phones the licensor for advice. What should the licensor do? The licensor should refer this to the health specialist for technical assistance. If there is a nutritionist available (some local or county health departments have nutritionists), the licensor or health specialist should request technical assistance.

WAC 388-295-3160 What kind of food and menus must I have?

(1) You must:

(a) Prepare, date, and conspicuously post menus one week or more in advance, containing the meals and snacks to be served;

(b) Provide two weeks or more of meal and snack menu variety before repeating

the menu;

(c) Keep six months of past menus on-site for inspection by the department;

(d) Make substitutions of comparable nutrient value and record changes on the menu, when needed;

(e) Provide daily a minimum of one serving of Vitamin C fruit, vegetable, or juice;

(f) Provide three or more times weekly foods high in Vitamin A; and

(g) Maintain at least a three day supply of food and water for emergency purposes based on the number of children in child care.

(2) Meals eaten at the center must contain the following:

(a) Each breakfast meal the child eats at the center must contain:

(i) A fruit or vegetable or one hundred percent fruit or vegetable juice.

(ii) A dairy product (such as milk, cheese, yogurt, or cottage cheese).

(iii) A grain product (such as bread, cereal, rice cake or bagel).

(b) Each lunch and dinner meal the child eats at the center must contain:

(i) A dairy product (such as milk, cottage cheese, yogurt, cheese);

(ii) Meat or meat alternative (such as beef, fish, poultry, legumes, tofu, or beans;

(iii) A grain product (such as bread, cereal, bagel, or rice cake);

(iv) Fruits or vegetables (two fruits or two vegetables or one fruit and one vegetable to equal the total portion size required). When juice is served in place of a fruit or vegetable it must be one hundred percent fruit or vegetable juice.

(3) When meals are not provided by the center you must:

(a) Notify parents in writing that meals they provide for their children must meet the daily nutritional requirements;

(b) Provide adequate refrigeration for keeping potentially hazardous foods (such as meats of any type, cooked potato, cooked legumes, cooked rice, sprouts, cut melons or cantaloupes, milk, cheese);

(c) Refrigerate foods requiring refrigeration at 45 degrees Fahrenheit or less and keep frozen foods at 10 degrees Fahrenheit or less until they are cooked or consumed.

(4) Each snack the child eats at the center must include at least two of the following four components:

(a) A milk product (such as milk, cottage cheese, yogurt, cheese);

(b) A meat or meat alternative (such as meat, legumes, beans, egg);

(c) A grain product (such as cereal, bagel, rice cake or bread); and

(d) Fruit or vegetable.

(5) Each snack or meal must include a liquid to drink. The drink could be water or one of the required components such as milk, fruit or vegetable juice.

(6) You may allow parents to bring in snacks for all the children that may not meet the nutritional requirements on special occasions such as birthdays. The snacks provided by parents must be limited to store purchased:

(a) Uncut fruits and vegetables; and

(b) Foods prepackaged in original manufacturer's containers.

(7) If a child has a food allergy or special menu requirements due to a health condition, you must:

(a) Receive written directions from the child's health care provider and parent to provide nutritional supplements (such as iron), a medically modified diet (such as a diabetic or an allergy diet). For allergy diets, the parent and child's health care provider must identify the foods the child is allergic to;

(b) Post each child's food allergies in locations where food is prepared and served;

(c) Include the allergies on the individual health care plan;

(d) Specify an alternative food with comparable nutritive value; and

(e) Notify staff of the allergies and reactions. NOTE: You can require parents to supply food for supplements and special diets.

Nutrition: Type of Food, Menus, Allergies

Clarifying Information

- Centers must prepare and post menus at least one week in advance of when they are effective. The menu must be for a month’s worth of meals, and must remain posted for the entire month they are effective.

- The center must periodically rotate water kept in storage for emergencies. Bottled water contains a “pull date” or “best by” date printed on the containers, and this is considered the limit of the shelf life of the product. If no pull date is listed, the water should be rotated annually.
- When centers do not provide the meals for a child, the center is still responsible to check that the meals provided by the parent meets nutritional guidelines listed in this regulation.
- Parents occasionally want to bring food treats for special days, such as birthdays or holidays. Homemade items (cookies, cupcakes, pies, cakes, etc) are not allowed. All food brought into the center by parents must be store purchased. Cookies, cupcakes, pies, cakes, etc are allowable if they come from a commercial or store bakery. See WAC 388-295-3180(1)(b) for more details. The center is responsible to screen all foods brought into the facility to ensure their safety for children with food allergies.
- For a child with food allergies, there must written directions from a health care professional and the child’s parent in the child’s file. Those directions must include:
  - The food or foods to which the child is allergic,
  - The type of reaction to expect from contact with those foods,
  - The type of response required.
- Posted menus must list all items served at each meal or snack. The menu does not need to contain the ingredients of the items served.
- The center is responsible to ensure no items are served that could cause an allergic reaction in a child with known allergies. The parent is responsible to supply the center with the information it needs to prepare meals for a child with allergies and to monitor the menus for concerning foods.
- Cookies, cakes, and other predominately sweet snacks are not a grain for the purposes of meeting the menu requirements.

Worker Responsibilities

- DCCEL workers must confirm the planned menus meet nutritional guidelines specified in this regulation.

- DCCEL workers must confirm that menus are posted in a manner consistent with this regulation:
  - Menus must be posted one week or more in advance.
  - Menus must contain a months worth of meals and snacks.
  - Menus must be posted for the entire month they are effective.
  - Menus must be posted in a location that is obvious and easily accessible to staff and parents.
- DCCEL workers must confirm that for any children with allergies and special dietary restrictions, the following requirements are met:
  - The child's file must contain written directions from a health care provider and the child's parent.
  - The child's food allergies are posted in the location where food is prepared and served.
  - The parent or center supplies alternate foods with comparable nutritional value.
  - All staff have been notified about the child's allergies, reactions, and treatment.
- DCCEL workers must confirm the food listed on the menu is the food actually served.
- DCCEL workers must confirm that snacks and meals listed on the menu meet nutritional requirements. Licensors may refer to health specialists for technical assistance.

Examples

- A licensor visits the center for a monitor visit and discovers that one of the snacks consists of saltine crackers and lemonade. The licensor is unsure of the nutritional value of these items, and consults with the health specialist. The health specialist states that since lemonade does not contain 100% fruit juice, the requirements of including two nutritional components are not being met [WAC 388-295-3160(2)(b)(iv)]. What should the licensor do? The licensor must write a Facility Licensing Compliance Agreement for violation of this requirement. The licensor should also refer the center to the health specialist

or local health nutritionist for assistance in menu planning.

WAC 388-295-3170 What are the food service standards I am required to meet?

You must maintain on site at least one person with a Washington state department of health food handler's permit to:

(1) Monitor and oversee food handling and service at the center; and

(2) Provide orientation and on going training as needed for all staff involved in food handling. Anyone cooking full meals must have a food handlers permit.

Food Service Standards

Clarifying Information

- The person at the center with the Department of Health food handler's permit must be present and participating in food handling and service.
- The orientation centers provide for food handlers must include:
  - Proper storage of dry, bulk, and refrigerated food,
  - Proper methods for cleaning and sanitizing surfaces, including which cleaning and sanitizing agents to use,
  - Allergy policies in place at the center, including where child allergies are posted and information about any child currently at the center with food allergies,
  - Overview of potentially hazardous foods (foods that are capable of sustaining microbial growth, such as: meat, fish, dairy products, cooked beans and rice, etc),
  - Proper temperature control (hot and cold holding temperatures, reheating time and temperature, and cooking temperatures for various foods),
  - Dishwashing procedures, and
  - Proper methods for food handling and serving.

Worker Responsibilities

- DCCEL workers must confirm:

- At least one staff at the center holds a current food handlers permit.
- Staff involved in food preparation is given an orientation by the center that covers the topics listed above.

Examples

- The licensor (or health specialist) visits a center in the afternoon and discovers the staff serving food that had been prepared in the morning by the cook. The cook (who has a valid food handler's card) leaves the facility at 2:00pm and none of the other staff at the center have a food handler's card. What should the licensor (or health specialist) do? The DCCEL worker must write a Facility Licensing Compliance Agreement for violation of this requirement. There must be at least one person with a valid food handler's card present when food is prepared or served. Licensors should refer the health specialist to the center for technical assistance, if needed.

WAC 388-295-3180 What are approved food sources?

You must:

(1) Prepare or serve food that is not tampered with or spoiled and is obtained from an approved source including, but not limited to, a licensed caterer, a food service company or a grocery store. Food sources that are not approved include:

(a) Left over food that was previously served from outside your center;

(b) Home canned, frozen or prepared food unless it is for the person's own children;

(c) Donated food from restaurants or caterers that was previously served;

(d) Game meat that has not been inspected by the USDA; and

(e) Donated meat, fish, poultry or milk that is not from a source inspected for sale.

(2) Prepare all food on site unless it is provided by a:

(a) Licensed satellite kitchen, catering kitchen or other source licensed by the local health jurisdiction; or

(b) Parent for individual children.

(3) Have a signed contract or agreement with any satellite kitchen or the catering service

that you use. Your contract must include written proof that the caterer and the method of transporting the food are approved by the local health jurisdiction as meeting the requirements of the department of health, chapter 246-215 WAC.

(4) Have a written policy if you use a satellite kitchen that describes:

(a) A description of how food will be handled once it is on-site; and

(b) What back up system you will use if the food does not arrive, not enough food arrives, or the food cannot be served.

Food Sources

Clarifying Information

- This regulation prohibits perishable food left over from field trips from being re-served. This does not include crackers or other non-perishable foods.
- The kitchen facilities used must be approved by local health and cannot be the home kitchen of the director or other staff at the center.

Worker Responsibilities

- DCCEL workers must:
  - Confirm that food comes from an approved source.
  - Inspect any contracts or agreements with caterers or satellite kitchens to ensure they meet the requirements of the department of health WAC 246-215.

WAC 388-295-3190 How can we be sure that the food we serve is safe?

(1) You need to develop and implement a system to monitor the temperature of potentially hazardous foods during cooking, re-heating, cooling, storing, and hot and cold holding temperatures to be sure that:

(a) Food will be cooked to at least the minimum correct internal temperature:

(i) Ground beef and pork sausage 155 degrees Fahrenheit;

(ii) Pork 150 degrees Fahrenheit;

(iii) Fish and seafood 140 degrees Fahrenheit;

(iv) Poultry and stuffing 165 degrees Fahrenheit;

(v) Eggs 140 degrees Fahrenheit;

(vi) Beef (not ground) and lamb 140 degrees Fahrenheit.

(b) Previously prepared food is reheated one time only to an internal temperature of 165 degrees Fahrenheit within sixty minutes;

(c) Hot food is kept at a temperature of 140 degrees Fahrenheit or above until served;

(d) Cold food is kept at a temperature of 45 degrees Fahrenheit or less;

(e) Refrigerators have a thermometer in or near the door and are kept at 45 degrees Fahrenheit or less; and

(f) Freezers have a thermometer in or near the door and are kept at 10 degrees Fahrenheit or less.

(2) You must develop a system to record the temperature of each perishable food once it arrives from a satellite kitchen or a catering service. The system must include keeping records on site for six months with the following information:

(a) The name and the temperature of the food;

(b) The date and time the temperature was checked; and

(c) The name and signature or recognized initials of the person who is checking and recording the food temperatures.

(3) You may serve previously prepared food that has not been previously served if it was stored at the proper temperature for less than forty-eight hours after preparation. Leftover foods or open foods in the refrigerator must be labeled with the date that they were opened or cooked.

Food Safety

Clarifying Information

- Some hazards associated with food that are preventable:
  - Biological hazards: bacteria due to improper cooking or holding temperatures;
  - Chemical hazards: pesticides and other contaminants;

  - Physical hazards: bone, glass, etc.
- This regulation controls two of the factors that contribute to microbial growth:
  - The time that food is cooked and held, and
  - The temperature to which food is cooked and held.
- Small refrigerators have a more difficult time maintaining proper food storage temperatures than larger “full-size” refrigerators. Because of this, an increased awareness of internal temperatures is vital when using smaller refrigerators.
- The center must rotate food. The “first in - first out” principle helps the center with rotation.
- When checking the internal temperature of meats, the thermometer should be left in the thickest portion of the meat for a minimum of 15 seconds.

Worker Responsibilities

- DCCEL workers must:
  - Confirm there is a thermometer present for each refrigerator and freezer unit containing child care food, and each unit is holding food at the proper temperature.
  - Confirm food is cooked to the proper temperature and held at the proper temperature until served.
  - Confirm leftover foods are labeled, dated, and stored properly.
  - Review the temperature monitoring records the center is required to keep when satellite kitchens or caterers prepare food.

Examples

- One child at a center requires a special diet, and the parent provides lunch for that child each day. The center does not have room in the refrigerator for the child’s lunch, so the parent places cold packs in the lunch to maintain a safe temperature until served. The licensor is concerned about this practice. What should the licensor do? The licensor (or health specialist) should check the temperature in the child’s lunch container immediately before lunch is served to ensure proper temperatures are being maintained. The temperature in the

lunch container must be 45 degrees or less if the meal in the lunchbox requires refrigeration. If the lunch fails the temperature check, the licensor must discuss with the director other arrangements for hold the lunch for this child. Some options include making more room in the existing refrigerator, purchasing a larger refrigerator, or obtaining an ice chest to place the lunch into (and stocking with ice as needed).

- During a routine visit, the licensor (or health specialist) discovers the temperature in one of the refrigerators reads 60 degrees. A sample of milk stored in the same refrigerator also reads 60 degrees. What should the licensor (or health specialist) do? This deficiency must be corrected immediately. All potentially hazardous foods must be disposed of and the refrigerator must not be used until it is capable of storing food at 45 degrees or less. The licensor (or health specialist) must write a Facility Licensing Compliance Agreement for violation of this regulation. A re-check of the refrigerator (if it is repaired instead of replaced) at a later date would be good practice.

WAC 388-295-3200 How do we safely store food?

You must store food:

(1) In the original containers or in clean, labeled containers that are airtight and off the floor;

(2) In a manner that prevents contamination from other sources;

(3) In an area separate from toxic materials such as cleaning supplies, paint, or pesticides;

(4) That is not past the manufacturer's expiration or freshness date;

(5) In a refrigerator or freezer if cooling is required;

(6) Raw meat, poultry or fish in the refrigerator, below cooked or ready to eat foods;

(7) Foods not requiring refrigeration at least six inches above the floor in a clean, dry, ventilated storeroom or other areas; and

(8) Dry bulk foods not in their original containers, in containers with tight fitting covers. Containers must be labeled and dated.

Food Storage

Clarifying Information

- Toxic materials must be stored so they cannot contaminate food, equipment, utensils, and single service articles. They can be separated by either spacing or partitions. Toxic materials must be stored in accordance with the manufacturer recommendations. In order to meet the requirements of this regulation, food and toxic materials must be stored either:
  - In separate cabinets, or
  - If stored in the same cabinet, toxic materials must not be stored above or on the same level with food, equipment, utensils, or single service articles.
- Bulk foods must be stored in other containers if the original container for the food does not meet the requirements of this regulation. The replacement container must meet all requirements of this regulation.

Worker Responsibilities

- DCCEL workers must confirm that food is either stored in original containers or any replacement container meets the specifications in this regulation.

Examples

- A health specialist discovers bulk cereal stored in non-sealable plastic bags. The kitchen crew at the center state they use cereal very quickly and do not bother to transfer it to sealed containers. What should the health specialist do? The health specialist must write a Facility Licensing Compliance Agreement for failure to use sealed, airtight containers to store food. The licensor must negotiate a deadline allowing the center a short time to obtain and begin using the proper containers. An alternative would be to use rubber bands or twist ties to secure the opening of the bulk cereal bag.
- During a monitor visit, the licensor (or health specialist) discovers unlabeled packages of meat in the freezer. The center staff are unable to explain what is in the packages. What should the licensor do? Food not stored in the original packaging must be labeled to identify contents and the date of re-packaging. The licensor (or health specialist) must write a Facility Licensing Compliance Agreement for violation of this regulation.

WAC 388-295-3210 How do we safely thaw foods?

You must thaw food by one of the following methods:

(1) In a refrigerator;

(2) Under cool running water, in a pan placed in a sink with the stopper removed;

(3) In a microwave, if the food is to be cooked immediately; or

(4) As part of the continuous cooking process.

Food Thawing

Clarifying Information

- Safe thawing is important to prevent bacterial growth. When food is thawed at room temperature, the outer surfaces will reach unsafe temperatures (between 45 – 140 degrees) during the thawing process. This enables bacterial growth on the surface of the thawing food.

Worker Responsibilities

- DCCEL workers must confirm that food-thawing methods used at the center conform to this regulation.

Examples

- A health specialist (or licensor) visits a center near the end of the day. The health specialist notices frozen chicken thawing on the kitchen counter. The cook is gone for the day, but the director states that frozen food is often left on the counter overnight to thaw. What should the health specialist do? The health specialist (or licensor) must write a Facility Licensing Compliance Agreement for violation of this regulation. It would also be prudent to confirm the cook has a valid food handler's card. Additional training may be needed.

WAC 388-295-3220 What type of kitchen material and equipment is required?

You need the following equipment to cook and serve meals without restrictions on the type of menu

s or foods that you can cook, serve or store:

(1) Kitchen walls, counter tops, floors, cabinets and shelves that are:

(a) Maintained in good repair to include being properly sealed without chips or cracks;

(b) Moisture resistant; and

(c) Maintained in a clean and sanitary condition.

(2) A range with a properly vented hood or exhaust fan, except when serving only snacks;

(3) A refrigerator, freezer or a combination refrigerator with sufficient space for proper storage and cooling of food;

(4) Hand washing facilities located in or adjacent to the food preparation area with hand washing procedures posted at each sink used for hand washing and followed by all persons who participate in food preparation.

(5) A method to clean and sanitize equipment using:

(a) A two compartment sink and an automatic dishwasher capable of reaching a temperature of 140 degrees Fahrenheit; or

(b) The means to appropriately clean and sanitize dishes and utensils through the use of a three compartment sink method where sink one is used to wash, sink two is used to rinse, and sink three contains a sanitizing ingredient;

(6) You may use a microwave oven to reheat foods if the food is:

(a) Rotated or stirred during heating;

(b) Covered to retain moisture; and

(c) Held for two minutes prior to serving to allow the temperature to spread evenly throughout the food.

Kitchen Equipment

Clarifying Information

- If only a two-compartment sink is available, a dishpan may be used as the third sink to sanitize dishes and utensils.
- A “holding thermometer” is used to check temperature of a dishwasher. It registers the highest temperature and does not go down until re-set.

Worker Responsibilities

- DCCEL workers must inspect the kitchen facilities to ensure they are clean, in good repair, and proper sanitation methods are in use.

Examples

- A new center does not have an exhaust fan and hood above the kitchen stove. The owner states it would be too expensive to install this equipment and wants a waiver from this requirement. What should the health specialist do? The health specialist must inform the owner that the exhaust fan is required. Since the center would be in the design phase, it presents a perfect opportunity to find options such as: can the stove be moved to a different location where hood installation is less involved? Waivers are intended to be temporary, short-term solutions. More about waivers at WAC 388-295-0050.

WAC 388-295-3230 What type of eating and drinking equipment must I provide?

(1) You must provide eating and drinking equipment that is:

(a) Cleaned and sanitized between use by different children;

(b) Free from cracks or chips;

(c) Individual; and

(d) Developmentally appropriate.

(2) You must not directly serve food on the table without a plate or paper napkin;

(3) You must use gloves, tongs, or spoons to serve food;

(4) You may have inclined jet-type drinking fountains. Bubble-type drinking fountains and drinking fountains attached to or part of sinks used for any purpose other than the drinking fountain cannot be used; and

(5) You must not have drinking fountains in restrooms.

Eating & Drinking Equipment

Clarifying Information

- Developmentally appropriate eating and drinking equipment refers to the size,

type, and shape of the utensil. It must not be too large or too small for the child's hands or mouth.

- *Bubble-type drinking fountains* are those where the water shoots vertically. These types allow spillage from the users mouth to drip back into the spigot of the water fountain.
- Inclined *jet-type drinking fountains* are those where the water shoots out at an incline and a user drinks from the stream of water. Spillage from the users mouth does not drip back into the mouth of the spigot.

Worker Responsibilities

- DCCEL workers must inspect:
  - Eating and drinking equipment to ensure it is developmentally appropriate for the age of child and meets the requirements of this regulation.
  - Drinking fountains available for use and ensure they meet these requirements.

Examples

- A health specialist discovers a classroom drinking fountain is located inside a sink used for hand washing. What should the health specialist do? This does not meet the requirements of this regulation. If it is not possible to remove the drinking fountain, then its water source should be turned off. Alternatively, the center could designate this as a 'drinking sink' and turn off the water for hand washing. A Facility Licensing Compliance Agreement must be written for the violation with details about which option the center chose.

SECTION E: CARE OF YOUNG CHILDREN

WAC 388-295-4010 At what age can we accept infants into care?

You must not accept into care an infant who is less than one month of age.

Infant Care

Clarifying Information

- DCCEL workers must not consider waivers for this regulation. No children under one month of age will be accepted for care into a licensed child care center. DCCEL workers can inform parents and center staff that licensed home child care is able to accept children from birth through 12 years of age.

Worker Responsibilities

- DCCEL workers must confirm with the center no children under the age of one month will be admitted into care.
- Licensors must check the birth dates and ages listed in the child's file for any children suspected to be under one month of age.

Examples

- A center director calls the licensor and asks if they can accept a child into care who is only two weeks old. The family has two other children in care, and the parent needs to return to work before the infant will become one month old. What should the licensor say? The licensor must inform the director that we do not issue waivers for infants under one month of age to be in licensed child care centers. DCCEL workers can inform parents and center staff that licensed home child care is able to accept children from birth through 12 years of age.

WAC 388-295-4020 How do we meet the nutritional needs of the infants in our care?

You must:

(1) Have written policies on providing, preparing, storing and sanitizing infant formula,

food and utensils; and

(2) Work with the infant's parent to develop a plan for the infant's feedings that is acceptable to the parent and incorporates the following guidelines:

Developmental Stage/Age of Infant	Type of Feeding
(a) Under 4 months of age	Serve only formula or breast milk unless you have a written order from the child's health care provider.
(b) When baby can: (at about 4-6 months of age) Sit with support Hold head steady Close lips over the spoon Keep food in mouth and swallow it.	Serve only formula or breast milk unless you have a written order from the child's health care provider. Begin iron fortified baby cereal and plain pureed fruits and vegetables upon consultation with parents.
(c) When baby can: (at about 6-8 months) Sit without support Begin to chew Sip from a cup with help Grasp and hold onto things	Serve only formula or breast milk unless you have a written order from the child's health care provider. Start small amounts of juice, or water in a cup. Let baby begin to feed self. Start semi-solid foods such as cottage cheese, mashed tofu, mashed soft vegetables or fruits.
(d) When baby can: (at about 8-10 months) Take a bite of food Pick up finger foods and get them into the mouth Begin to hold a cup while sipping from it	Serve only formula or breast milk unless you have a written order from the child's health care provider. Small pieces of cheese, tofu, chicken, turkey, fish or ground meat. Small pieces of soft cooked vegetables, peeled soft fruits.

	Toasted bread squares, unsalted crackers or pieces of soft tortilla. Cooked plain rice or noodles. Only formula, breast milk, juice or water in the cup.
(e) When a baby can: (10-12 months) Finger Feed Chew and swallow soft, mashed and chopped foods Start to hold and use a spoon Drink from a cup	Serve only formula or breast milk unless you have a written order from the child's health care provider. Begin offering small sized, cooked foods. Variety of whole grain cereals, bread and crackers, tortillas. Cooked soft meats, mashed legumes (lentils, pinto beans, kidney beans, etc.), cooked egg yolks, soft casseroles.
(f) When a baby can eat a variety of foods from all food groups without signs of an allergic reaction	Fruit pieces and cooked vegetables. Yogurt, cheese slices. Offer small amounts of formula, breast milk or water in the cup during meals.

Infants: Nutrition

Clarifying Information

- The center must collaborate with the infant's parents to develop a feeding plan that meets the needs of the child. The plan can be a verbal agreement between the center and the parents, and does not need to be a written plan. The plan must meet the guidelines outlined in this regulation, unless there is written documentation from the child's health care provider supporting a deviation from these requirements. WAC 388-295-3160(7) outlines the requirements for written deviations from this regulation.

Worker Responsibilities

- DCCEL workers must:
  - Review the written policies (health care plan) on providing, preparing, storing and sanitizing infant formula, food, and utensils. Licensors can refer the center to the health specialist, nurse consultant, food program nutritionist, or other available resource if changes are needed.
  - Confirm by observation (if possible) the center is using correct feeding guidelines for ages and developmental levels of the children served.

WAC 388-295-4030 What is a safe way to prepare bottles?

(1) Parents may bring from home filled bottles labeled with the infant's name for daily use (see WAC 388-295-4040).

(2) To prepare bottles you must:

(a) Prepare and fill bottles by washing hands prior to bottle preparation;

(b) Use a sink that is only for bottle preparation, other food preparation or other approved source of water. Water from a handwashing sink may not be used for bottle preparation;

(c) Do not heat a bottle in a microwave or allow bottles to warm at room temperature for more than an hour, to limit bacterial growth; and

(d) Bottles must be warmed under running warm water or placed in a container of water that is not warmer than 120 degrees Fahrenheit.

(3) The bottle preparation area including the sink must:

(a) Be located at least eight feet from the outermost edge of diaper changing tables or counters and sinks used for diaper changing; or

(b) Have a barrier to prevent cross-contamination that is placed between the sink used for food or bottle preparation and the diaper changing table, counter or sink. If a barrier is used, it must be:

(i) Solid (without cracks or breaks);

(ii) Sealed;

(iii) Moisture-resistant; and

(iv) At least twenty-four inches in height from the counter surface.

(4) If the infant room does not have a sink that is dedicated to bottle and food preparation, you must provide a clean source of water for preparing bottles such as getting water from the kitchen and keeping it in a container with an airtight cover that:

(a) Is located at least eight feet from the outermost edge of diaper changing tables or counters and sinks used for diaper changing; or

(b) Has a barrier that meets the requirements in WAC 388-295-4030(3)(b) to prevent cross-contamination that is placed between the sink used for food or bottle preparation and the diaper changing table, counter or sink.

Infants: Bottle Preparation

Clarifying Information

- The proper procedure for checking water temperature used for warming bottles:
  (1) Ensure the thermometer is properly calibrated and in good condition.
  (2) Insert the thermometer probe directly into the water stream (if warmed in running water) or in the clean water bath (if warmed in a container of water).
  (3) Record the highest temperature obtained; must not be more than 120F.
- Bottles supplied by parents must meet all labeling requirements listed in WAC 388-295-4040(1). They must be labeled with:
  - Child's full name,
  - Date the bottle was filled.
- Water for bottles must come from a sink designated for food preparation, not a hand washing sink. Sinks for hand-washing must not be used for food preparation (WAC 388-295-5100(7)(c)).
- Any barriers used to prevent cross contamination must be solid, sealed, and moisture resistant. The intent is that the barrier can be easily cleaned and sanitized, and there will be no areas on the barrier that could harbor bacteria. The FDA Food Code states "sealed means free from cracks or other openings that allow the entry or passage of moisture".

Worker Responsibilities

- DCCEL workers must confirm (by observation, if possible) that bottles prepared on site use a preparation method that ensures sanitary conditions, the bottles are labeled properly, and staff who are responsible for preparing bottles are trained in all aspects of sanitary bottle preparation.

WAC 388-295-4040 What is a safe way to store infant formula and food?

To store bottles, formula or infant food, you must:

(1) Label all bottles with the infant's full name and the date the bottle was filled to be sure the correct formula or breast milk is given to each infant;

(2) Have a refrigerator accessible to staff to store bottles and unserved, leftover infant food;

(3) Throw away the contents of any bottle not fully consumed within one hour. Do not put bottles that have been used back into the refrigerator;

(4) Throw away or return to the family any unused bottle contents within twelve hours of preparing or arriving at the center;

(5) Not serve infant formula past the expiration date on the manufacturers container; and

(6) Keep bottle nipples covered when not in use to reduce risk of cross contamination and exposure.

Food Storage: Formula & Infant Food

Clarifying Information

- Children should not use bottles that have a gummy residue from tape or labels. Residue must be cleaned from the bottles before child use.
- Bottles must be labeled in a manner that will allow the label to survive the water bath used to warm the bottle. This could be by use of waterproof tape, placement of the label so it remains above the water, or other method that preserves the labeling.
- WAC 388-295-4040(4) refers to unused bottles that have not been served. The contents of bottles that have been served to children but are only partially

consumed must be disposed of and must not be returned to the refrigerator.

Worker Responsibilities

- DCCEL workers must confirm:
  - Bottles are stored with labels that have the child's full name and date the bottle was filled.
  - The center is discarding the contents of any bottle not consumed within an hour. Questioning infant room staff about practice will satisfy this requirement if observation is not possible.
  - The center does not use infant formula past the manufacturer's expiration date (for bottles prepared on-site).
  - Nipples are covered when not in use.
  - Unserved bottles are refrigerated before use. Once a bottle has been served to a child it cannot be returned to the refrigerator.

WAC 388-295-4050 What is a safe way to store breast milk?

You can keep frozen breast milk if you:

(1) Label the contents with the child's name and date it was brought into the center;

(2) Store the frozen breast milk at 10 degrees Fahrenheit or less;

(3) Thaw the breast milk in the refrigerator, under warm running water or in a pan of warm water; and

(4) Keep frozen breast milk in the center for no more than two weeks.

Food Storage: Breast Milk

Clarifying Information

- Bottles of frozen breast milk must meet all labeling requirements listed in WAC 388-295-4040(1). They must be labeled with:
  - The child's full name,
  - The date the parent brought the bottle into the center.

Worker Responsibilities

- DCCEL workers must confirm by observation:
  - Bottles of breast milk are stored with labels that have the child's full name and date the parent brought the bottle into the center.
  - Any freezer used to store breast milk maintains a temperature of 10F or less.
- DCCEL workers must confirm by checking dates on bottles that no breast milk is stored beyond two weeks.

Examples

- A parent phones Children's Administration Intake and states breast milk intended for another child was accidentally served to her infant. The parent is concerned about possible transmission of disease or allergy problems as a result. The parent is demanding the center pay for HIV/AIDS testing for both her child and the mother who provided the breast milk. What should the licensor do? The licensor must investigate the complaint to determine if the allegations are accurate. After investigation, the licensor discovered the center labeled the bottles, but the label came off when the bottles were placed into a warm water bath to heat them. The licensor must write a Facility Licensing Compliance Agreement for violation of this requirement. The licensor should also question the level of staff training that would allow a staff to serve an unlabeled bottle to an infant. Include in the Compliance Agreement additional training for infant room staff. The center must devise a method to mark the bottles that will survive until the bottle is empty. The licensor has no authority to require the center to pay for medical testing or compel the other parent to undergo a medical test.

WAC 388-295-4060 What is a correct way to clean bottles and nipples?

Bottles, bottle caps, nipples and other equipment used for bottle feeding must not be reused without first being cleaned and sanitized by:

(1) Washing in a dishwasher; or

(2) Washing, rinsing and boiling for one minute.

Clean & Sanitize: Bottles & Nipples

Clarifying Information

- Chemical sanitizers are not used when cleaning bottles, caps, and nipples. Boiling achieves the sanitizing step. The three steps used for cleaning and sanitizing bottles, caps, and nipples are:
  1) Washing in soapy water.
  2) Rinsing in plain water.
  3) Boiling.

Worker Responsibilities

- DCCEL workers must review the written process in place for cleaning bottles and bottle-feeding equipment. If possible, DCCEL workers should observe the cleaning of bottles and bottle-feeding equipment to ensure staff follow the method described in the health care plan. If the DCCEL worker is not at the center when bottle cleaning takes place, the worker should ask staff to explain the procedure they use.

WAC 388-295-4070 Are there specific rules for feeding infants and toddlers?

(1) Infants must be fed according to their need rather than according to an adult prescribed time schedule.

(2) While feeding infants:

(a) Hold infants for bottle feedings to prevent choking;

(b) Place infants who can sit in high chairs or at an appropriate child-sized table and chairs for feeding and sit facing the child during the feeding;

(c) Do not prop a bottle;

(d) To prevent tooth decay:

(i) Do not give a bottle to a reclining child unless the bottle contains only water; and

(ii) Offer juice only from a cup.

(e) Take the bottle from the child when the child finishes feeding.

Feeding: Infants & Toddlers

Clarifying Information

- Staff at the center must respond to the feeding needs of the infants in care. Feeding of infants must be according to need rather than scheduled, keeping in mind that, as they get older, infants eventually move to a routine schedule.

Worker Responsibilities

- DCCEL workers must confirm that
  - Center staff closely monitors the infants and respond to their feeding needs.
  - Staff hold infants during bottle-feeding, and confirm by observation that no bottles are propped when feeding infants.
  - Infants who can sit are allowed to use a high chair or appropriate child-sized table for feeding. Center staff must face the child and attend to them during feeding.

WAC 388-295-4080 When should I begin toilet training a child?

Toilet training is initiated with consultation with parents:

(1) Using positive reinforcement;

(2) Cultural sensitivity;

(3) Not using foods as a reinforcement; and

(4) Following a routine established between the parent and you.

Toilet Training

Clarifying Information

- The center must consult with, and respect, the parent's wishes for toilet training.
- The center must detail toilet training policies and practices in the center's

written policy and procedure handbook (WAC 388-295-2080) and the health care plan (WAC 388-295-3010(2)(k)).

Worker Responsibilities

- When toilet training procedures are an issue, DCCEL workers must confirm with center staff that toilet training is initiated only after consultation with parents. If concerns are noted, DCCEL workers must also compare actual practice to the health care plan and the written policy and procedure handbook.

WAC 388-295-4090 Can we use potty-chairs for toilet training?

You may use potty-chairs that are:

(1) Located in the toilet room or similar area that meets the requirements of WAC 388-295-5100 designed for toileting;

(2) On a floor that is moisture resistant and washable;

(3) Immediately emptied into a toilet; and

(4) Cleaned in a designated sink or utility sink separate from classrooms and sanitized after each use. The sink must also be cleaned and sanitized after cleaning potty-chairs.

Toilet Training: Potty-chairs

Clarifying Information

- The potty chair must be in an area that meets all requirements of WAC 388-295-5040(3)(a) and WAC 388-295-5100. Essentially, the requirements listed in WAC 388-295-5100 mean potty chairs must be in approved bathrooms.
- The sink used for cleaning the potty chair must not be in the classroom, a food preparation sink, or a hand-washing sink. It must be a separate designated sink or utility sink.
- Potty chairs must be on a moisture resistant, washable surface that extends at least two feet in each direction (WAC 388-295-5040(3)(a)).

Worker Responsibilities

- If potty chairs are used, DCCEL workers must confirm by observation:

  - An appropriate potty-seat is used (sized properly for the child, in good condition, and safe).
  - The potty chair is placed in a toilet room or similar area that meets the requirements of WAC 388-295-5100, on a moisture resistant floor.
  - It can be easily cleaned and sanitized.
  - The room is vented.
- DCCEL workers must confirm the sink used to clean potty chairs meets the requirements of this regulation and that the sink is cleaned and sanitized following potty-chair cleaning.

WAC 388-295-4100 What sleep equipment do I need for infants?

(1) You must not put infants to sleep in infant or car seats.
(2) You must provide each infant with a single-level crib (stacking cribs must not be used), infant bed, bassinet or playpen for napping until you and the parent agree that the child can safely use a mat, cot or other approved sleeping equipment.
(3) Cribs, if used, must:

(a) Be sturdy and made of wood, metal or plastic with a secure latching device;

(b) Be constructed with vertical slats that are no more than two and three-eighths inches apart or be solid plexiglas;

(c) Have corner posts that extend less than one-sixteenth of an inch above the sides and railing;

(d) Not have cutout designs on the end panels;

(e) Have a rail height and end panel as measured from the top of the rail or panel in its lowest position to the top of the mattress support in its highest position of at least nine inches;

(f) Have a rail height and end panel as measured from the top of the rail or panel in its highest position to the top of the mattress support in its lowest position of at least twenty-six inches; and

(g) Not use crib bumper pads, stuffed toys, quilts, lambskins, and pillows in cribs, infant beds, bassinets or playpens.

(4) You must provide a crib, infant bed, playpen or bassinet mattress that is:

(a) Snug fitting and touches each side of the crib to prevent the infant from

becoming entrapped between the mattress and crib side rails;

(b) Waterproof; and

(c) Easily cleaned and sanitized, without tears or tape.

(5) To allow walking room between cribs and reduce the spread of germs you must:

(a) Space cribs a minimum of thirty inches apart. You may place cribs end to end if you provide a barrier. If you use barriers, staff must be able to observe and have immediate access to each child.

(b) Provide a moisture resistant and easily cleanable solid barrier on the side or end adjacent to another crib.

(6) You must provide:

(a) An appropriate fitting sheet or cover for the sleeping surface; and

(b) A clean light weight blanket or suitable cover for the child.

(7) You must launder bedding at least weekly and more often if it becomes soiled.

Sleep Equipment: Infants

Clarifying Information

- If a center moves cribs from locations that were approved by the licensor and health specialist, the center must contact the licensor for approval of the new location. Although centers may move cribs when not in use to gain more space, the cribs must be returned to the approved locations when used for napping children. Licensors should consult with health specialists if there are questions or concerns.
- We do not approve swings, car seats, walkers, and other container-type care for sleeping. If parents bring children to the center, or children fall asleep in these devices while in care, the center is to move the child into approved sleep equipment. The center staff must place children in a bed approved for their age group so they can move around and be comfortable.
- Cribs, bassinets, and other sleep equipment must not be placed next to windows (WAC 388-295-5020(2)(g)) unless the windows are made of safety glass.

Worker Responsibilities

- DCCEL workers must:

- Observe the sleep equipment and location to determine all requirements of this regulation and WAC 388-295-5020(2)(g) are met.
- Measure the distance between cribs to ensure they are at least 30 inches apart when children are napping, and that approved barriers are used if the cribs are placed end-to-end.
- Confirm that cribs do not contain bumper pads, heavy quilts, stuffed animals, or pillows.
- Confirm the cribs remain in the location approved by the health specialist and licensor during the most recent licensing period. Although centers may move cribs when not in use to gain more space, they must be returned to the approved locations when used for napping children.

Examples

- A licensor discovers a center is using a wind-up swing to help some infants get to sleep. The licensor discusses this with the staff in the infant room, and they state there are several children who will not sleep without the use of the swing. The staff inform the licensor that the parents of these children have all stated that the children use swings for sleeping at home and are more comfortable in the swing than in a bed. What should the licensor do? The licensor must discuss with the director and staff the dangers of SIDS when children sleep in swings, car seats, and other containers. Only the types of sleep equipment approved in this regulation can be used for sleeping young children. Some options to discuss with the director and center staff would be to hold the child and use a rocking chair or to practice relaxation techniques (such as rubbing the child's back or head). The licensor must write a Facility Licensing Compliance Agreement for violation of this regulation. The Compliance Agreement must also contain a training component for infant room staff that includes current SIDS information and appropriate development techniques. The licensor can also suggest to the director that SIDS pamphlets be distributed to parents: Sudden Infant Death Syndrome: What Child Care Providers Should Know (DSHS 22-296) (Spanish).

WAC 388-295-4110 What additional sleeping arrangements must I

make to reduce the risk of Sudden Infant Death Syndrome (SIDS)?

(1) You must put infants to sleep on their backs to reduce the risk of SIDS unless you have a written note in the infant's file from both the parent and the infant's health care provider requesting another sleeping position.

(2) Once infants are able to turn over, continue to place them on their back to sleep. You do not need to wake the infants to return them to their back while sleeping.

Sudden Infant Death Syndrome (SIDS)

Clarifying Information

- Resources with current SIDS information:
  - Sudden Infant Death Syndrome: What Child Care Providers Should Know (DSHS 22-296) (Spanish),
  - The SIDS Foundation of WA, and
  - Back to Sleep Campaign.

Worker Responsibilities

- DCCEL workers must:
  - Confirm by observation (if possible) that center staff place infants on their back to sleep.
  - Confirm there is proper medical and parent written permission in the child's file if the child is not placed to sleep on his/her back.
  - Ensure SIDS policies are included in the health care plan, and offer resources to the director if the policies need updating (WAC 388-295-3010).

Examples

- A health specialist discovers a center where the infant room staff allow one of the children to sleep on their stomach. The crib is filled with soft toys and there are bumper pads surrounding the mattress. There is a blanket draped over the crib to darken the area. When questioned, the infant room staff inform the health specialist that the parent of this child has made a written request that the child be allowed to sleep in this manner. They state the

parent is very insistent and cannot understand why the center would deprive the child of soft 'comfort' toys when she sleeps, or why the center would allow the wooden bars on the crib to be exposed to the child without the 'protection' of bumper pads. What should the health specialist do? The health specialist must discuss with the director and staff the dangers of SIDS when children sleep in this manner. The health specialist must write a Facility Licensing Compliance Agreement for violation of this regulation. The Compliance Agreement must also contain a training component for infant room staff that includes current SIDS information. If the parent wishes to continue sleeping the child in a manner other than that prescribed by this regulation, the parent must supply written notice from the child's health care professional; a written note from the parent is not sufficient. The health specialist should also suggest the center distribute SIDS pamphlets and resources to parents.

WAC 388-295-4120 What must I do to be sure that diaper changing is safe and does not spread infections?

(1) Your diaper changing table and area must:

(a) Have a washable, moisture resistant diaper-changing surface that is cleaned and sanitized between children;

(b) Be a table or counter with a protective barrier on all sides that is at least three and one-half inches higher than the surface that the child lays on;

(c) Have a garbage can with a lid, plastic liner, and method for disposing of hand drying supplies so that a garbage can lid does not have to be opened with hands;

(d) Be on moisture impervious and washable flooring that extends at least two feet surrounding the diaper changing and handwashing area; and

(e) Be directly adjacent to a sink used for hand washing supplied with:

(i) Warm running water (between 85 degrees Fahrenheit and 120 degrees Fahrenheit);

(ii) Soap; and

(iii) A sanitary method for drying hands (single use towels).

(2) You must have the diaper changing procedure posted and must follow the steps

included.

(3) You must not leave the child unattended during the diaper change.

(4) You must not use the safety belts on diaper changing tables because they are neither cleanable nor safe.

(5) You must not place anything on the diaper-changing table, counter or sink except the child, changing pad and diaper changing supplies.

(6) Disposable diapers must be:

(a) Placed into a covered, plastic-lined, hands free covered container;

(b) Removed from the facility and the liner changed at least daily and more often if odor is present; and

(c) Disposed of according to local disposal requirements.

(7) Re-useable diapers must be:

(a) Individually bagged and placed without rinsing into a separate, cleanable, covered container equipped with a waterproof liner before transporting to the laundry, given to the commercial service or returned to parents for laundry; and

(b) Removed from the facility daily or more often if odor is present.

Diaper Changing

Clarifying Information

- Proper diaper changing procedure must be posted in the infant room near the designated diaper changing location and also detailed in the center's written policy and procedure handbook (WAC 388-295-2080) and the health care plan (WAC 388-295-3010).
- The center is free to devise their own diaper changing procedure and they are not limited to using the procedure listed on the DSHS diaper-changing poster. Whatever procedure the center uses, they must post it, detail it in the written policy and procedure handbook (WAC 388-295-2080), and the health care plan (WAC 388-295-3010). It must be approved as part of the health care plan.
- Center staff must attend to children at all times during diaper changing. It is

for this reason WAC 388-295-3020 allows diaper wipes for hand washing at the midpoint of the diaper changing process.

- Center staff must not place items (other than diaper changing supplies) on the diaper-changing table because of the risk of contamination.
- A hands-free container is one that can be opened without use of the hands. Typically, a foot pedal mechanism operates the lid.
- A sink that is directly adjacent to the diaper changing area means the sink is within arms length. The intent of this portion of the regulation is to ensure center staff do not have to travel any great distance, open any door, or manipulate knobs or handles with contaminated hands.

Worker Responsibilities

- DCCEL workers must:
  - Inspect the diaper changing area and confirm the surfaces are impervious to moisture and easily cleanable. This includes the area under the diaper-changing pad.
  - Confirm by observation (if possible) that soiled diapers are disposed of in an approved covered container that is emptied on a periodic basis.

Examples

- A DCCEL worker visits an infant room at a center during a routine monitor visit. During the visit, the worker observes two center staff changing diapers using very different procedures. Neither staff appears to be following the directions the DCCEL worker had just reviewed in the health care plan. The worker does not see the diaper changing procedure posted in the infant room. When questioned, the two staff both state they received only general directions on diaper changing when they were hired. What should the DCCEL worker do? The licensor (or health specialist) must write a Facility Licensing Compliance Agreement requiring the center to post immediately the diaper changing procedure near the diaper changing station. The Compliance Agreement must also contain an education component that requires all staff working in the infant room be re-trained in proper diaper changing procedure. The licensor should check a sample of staff personnel files to ensure staff has

been oriented to the center's policies and procedures at the time of hire. (See WAC 388-295-1080. The DCCEL staff should also question whether staff has reviewed the health care plan. Any additional violations discovered must be included in the Compliance Agreement.

WAC 388-295-4130 Do I need a nurse consultant?

(1) If you are licensed to care for four or more infants you must have an infant nurse consultant. The nurse consultant's duties will depend upon the needs of the center. We, center management, teachers, and observations/assessments of the nurse consultant can identify the needs.

(2) If you are required to have an infant nurse consultant, you must:

(a) Have a written agreement with a nurse consultant who is a currently licensed registered nurse (RN) who has either worked in pediatrics (care of children) or public health in the past year or has taken or taught classes in pediatric nursing at the college level in the past five years;

(b) Have at least one monthly on-site visit from your nurse consultant when you have infants enrolled (you may skip the monthly visit if no infants are enrolled);

(c) Have the nurse or a designee that meets the requirements of a nurse consultant available by phone as needed; and

(d) Have written notes of the nurse consultant visit on-site that includes topics discussed, areas of concern, date and signature.

Nurse Consultants

Clarifying Information

- The center must maintain the written nurse consultant notes for five years in a manner that permits easy review by DCCEL workers.
- The center must keep a copy of the current written agreement with the nurse consultant for review by DCCEL workers.

Worker Responsibilities

- DCCEL workers must:

- Confirm all nurse consultation is documented and the nurse consultant meets the requirements of this regulation.
- Work in collaboration with the center management, classroom staff, and the nurse consultant to identify the center's needs. The nurse consultant's duties will stem from those needs.
- Review nurse consultant notes and observe identified areas of concern to ensure progress is made in resolving any issues.

Examples

- A DCCEL worker visits a center and requests copies of the nurse consultation notes to review. The center director informs the worker the nurse has not visited in eight months because only two infants have been enrolled and the threshold for nurse visitation is four infants. What should the DCCEL worker do? The worker must inform the director that this regulation requires a visit for any center licensed for four or more infants, and the required visit is not dependant on enrollment. The DCCEL worker must write a Facility Licensing Compliance Agreement requiring nurse consultant visits to resume immediately and continue at least monthly for as long as the center remains licensed for four or more infants. Only when no infants are enrolled can the nurse consultant visit be skipped.

WAC 388-295-4140 When are children required to have a change of clothing on site?

(1) You are required to have extra clothing available for the children who wet or soil their clothes.

(2) You may require the parent to provide the clothing, but you must have clothing available for use in case the parent forgets the change of clothing.

Extra Clothing

Clarifying Information

- The intent of this regulation is to require a supply of clothing for children who fall under this 'young children' section of the regulations. This is defined as

any child who is in diapers, involved in toilet training, preschool, or recently toilet trained but not yet fully in control of bladder and bowel. Since these are developmental benchmarks, there is no age limit stipulated.

Worker Responsibilities

- DCCEL workers must confirm the center maintains a stock of extra clothing in a variety of sizes that will fit the young children in care, or that the center has clothing brought from home for the children.

Examples

- A kindergarten-age child falls in a puddle during outdoor play and gets wet. The parent is upset because the center did not have a change of clothes for the child. What are the requirements concerning this? The center is not required to have spare clothing available for school-age children. This requirement applies only to younger, pre-school children. This does not prevent the center from maintaining a stock of spare clothing for older children, but it is not required by this regulation and cannot be enforced by the licensor. The center should contact the parent as soon as this type of incident happens and require a change of clothing be brought to the center for the wet child.

SECTION F: SAFETY & ENVIRONMENT

WAC 388-295-5010 What first aid supplies are required in my center?

(1) You must maintain on the premises adequate first aid supplies conforming to the center's first aid policies and procedures. The center's first aid supplies must include:

(a) A supply for each vehicle used to transport children; and

(b) A portable supply, which can be taken on walks and field trips.

(2) You must store first aid supplies:

(a) Inaccessible to children;

(b) In an area easily accessible to staff;

(c) Separate from food; and

(d) In a clean and safe manner to prevent contamination such as in a tackle box or other container, away from chemicals and moisture.

(3) Your first aid kit must include at least:

(a) A current first-aid manual;

(b) Sterile gauze pads;

(c) Small scissors;

(d) Band-Aids of various sizes;

(e) Roller bandages;

(f) Large triangular bandage (sling);

(g) Nonsterile protective gloves;

(h) Adhesive tape;

(i) Tweezers;

(j) One-way CPR barrier or mask; and

(k) At least one unexpired bottle of Syrup of Ipecac that must be given only at the direction of a poison control center.

First Aid Supplies

Clarifying Information

- Syrup of Ipecac is a medication and centers must store it in a manner that meets the requirements of WAC 388-295-3070(2). It does not need to be locked (since it is not a controlled substance) but it must be inaccessible to the children in care.
- Some centers may have been informed Syrup of Ipecac is not to be used. The WA Poison Center recommends continued use of Syrup of Ipecac.
- Centers must store the first aid kit in a location that is easily accessible to the center staff, but inaccessible to the children in care. All staff must know the location of the first aid kit (see WAC 388-295-1080(5)).
- Centers must include the location of the first aid kit in the health care plan and staff must review the health care plan annually.
- The center must periodically inspect first aid kits to replenish depleted or expired items.
- Some centers maintain smaller classroom first aid kits that do not meet the full requirements of this regulation. This is acceptable if the main first aid kit for the center is complete. Field trip first aid kits must meet all portions of this requirement.

Worker Responsibilities

- DCCEL workers must:
  - Inspect the contents of the first aid kit to confirm it contains all items listed this regulation.
  - Confirm the Syrup of Ipecac is not expired and that it is stored properly. Since it is a medication, centers must store it according to the requirements of WAC 388-295-3070(2).
  - Confirm there are first aid kits available for each vehicle used to transport children and a portable first aid kit for use during walks or other trips away from the center.

Examples

- A child receives a minor injury on the playground. The assistant supervising the children does not know the location of the first aid kit, but happens to have several 'band-aids' in her pocket. She applies a band-aid without cleaning the wound. The licensor (or health specialist) witnesses this incident and questions the assistant to gauge her knowledge of center's health care plan. The DCCEL worker discovers the assistant does not know the location of the first aid kit and does not seem aware of the contents of the center's health care plan. What should the licensor do? The licensor must examine a sample of staff personnel files (to include the file for this particular assistant) and see if staff have been oriented to the center policies and procedures (WAC 388-295-1080), including the health care plan. If staff are discovered to have not been oriented to the center's policies and procedures, the DCCEL worker must write a Facility Licensing Compliance Agreement for violation of this requirement. If staff have been oriented to the center, yet still do not know basic information about policies and procedures (such as the location of the first aid kit) the DCCEL worker must write a Facility Licensing Compliance Agreement directing the center to require a new orientation for staff. In either case, the DCCEL worker must discuss with the director of the facility the importance of having all staff fully aware of all operational policies and procedures, the health care plan, and the disaster plan.

WAC 388-295-5020 How do I maintain a safe environment?

(1) You must maintain the building, equipment and premises in a safe manner that protects the children from injury hazards including but not limited to:

(a) Burns (for example: chemicals or other potentially flammable substances);

(b) Drowning;

(c) Choking (for example: ropes, wires, blind cords, fences not meeting requirements);

(d) Cuts (for example: broken glass, sharp objects, abrasive surfaces);

(e) Entrapments (for example: the following items must not have openings between three and one-half inches and nine inches wide: Deck and fence rails, stair rails

or other equipment);

(f) Falls from excessive heights;

(g) Gunshots by ensuring no firearm or another weapon is on the premises;

(h) Hearing loss by keeping noise at a level where a normal conversation can be heard;

(i) Objects falling on the children (for example: heavy items on open shelving that could fall in an earthquake or similar emergency);

(j) Pinches from equipment (for example: broken or cracked areas);

(k) Poison (such as cleaning supplies or lead-based paint);

(l) Puncture (for example: equipment, building edges or playground equipment with sharp points or jagged edges);

(m) Shear or crush (for example: lawn and garden equipment used for yard maintenance);

(n) Shock by electricity;

(o) Trap (for example: compost bins, old freezers, dryers or refrigerators); and

(p) Trip (for example: cable wires, ropes, jagged or cracked walkways).

(2) To further prevent injuries, you must

(a) Provide child height handrails on at least one side of the steps, stairways, and ramps;

(b) Provide guardrails for elevated play areas and stairs;

(c) Use listed tamper resistant receptacles or use tamper resistant, nonmoveable, nonremovable cover plates in areas accessible to children preschool age and younger;

(d) Shield light bulbs and tubes by using a protective barrier to prevent shattering into child-accessible areas, food, and storage areas;

(e) Provide screens for windows or limit the opening capability of any windows within reach of children to less than three and one-half inches. Windows with limited opening capabilities cannot be the designated fire escape window. Windows protected with guards must not block outdoor light or air in areas used by children;

(f) Provide a barrier for glass areas such as windows or sliding glass doors that extend down to the child's eye level by placing a barrier between the child and glass or

something placed on the glass at the child's eye level such as stickers or art work so that the child does not try to go through the solid glass;

(g) Not place cribs, play pens, bassinets, infant beds, indoor climbing structures next to windows unless of safety glass; and

(h) When using heaters capable of reaching 110 degrees Fahrenheit on the surface, you must protect children from burn hazards by making them inaccessible to children or locating them where children cannot reach them.

(3) You may not use portable heaters.

(4) You must implement a method to monitor entrance and exit doors to prevent children from exiting the buildings unsupervised. You may use:

(a) A door alarm;

(b) A bell that can be heard throughout the building;

(c) Adult supervision at the exits; or

(d) Other method to alert the staff (you may not lock the door to prevent an exit. It is against the fire code).

(5) You must maintain one or more telephones on the premises in working order that is accessible to staff at all times.

(6) You must maintain a flashlight or other emergency lighting device in working condition.

Facility Safety

Clarifying Information

- All doors exiting the facility must be protected to prevent children from exiting unsupervised. This can be as simple as attentive adult supervision of the exits, a bell hung on the door, or as elaborate as an alarm system that sounds when the door is opened.
- “Child height handrail” means a handrail that is between shoulder and hip height for the shortest ambulatory child using the stairs (usually this will be an installed height of 18-22 inches). A child height handrail can be installed parallel to and below an adult sized handrail.

- Underwriter's Laboratories (UL) tests and approves tamper-resistant electrical receptacles. Approved tamper-resistant receptacles have either the words "tamper resistant" or the letters "TR" on the device.
- As an alternative to tamper-resistant receptacles, centers can use tamper resistant, non-moveable, non-removable cover plates. Cover plates that cannot be removed or opened by sliding, twisting, pulling, or pinching meet this requirement. This type of cover plate is a plain, flat plate with no means of using the outlet. Another option would be to move the outlet higher up the wall, out of reach of any children in care.
- Light fixtures installed in toilet rooms are often not shielded (decorative bulbs in a strip light above the sink, for example). The center must shield or replace regular light bulbs with shatterproof bulbs.
- Accordion-style gates present a common and serious choking, entrapment, and pinching hazard. In order to be acceptable in licensed child care, openings in gates must be too small to entrap a child's head. The V-shaped opening along the top edge of accordion gates does not meet this requirement, and based on the high number of child injuries DCCEL does not approve accordion-style gates for use in licensed child care.
- Portable space heaters may not be used in any portion of the licensed facility while child care children are present. This includes offices, storage areas, laundry rooms, and staff lounge areas. Space heaters may be used to heat an area before children arrive for care, or after children leave, however if any child care children are on site, space heaters may not be used.
- Staff must not have hot fluids in the classroom (for example, coffee or tea). Staff must use their breaks, away from children, to consume food and drink that are hot enough to burn children.
- Small children can accidentally drown in ornamental pools and fountains, water collected in tarps, and cleaning/mop buckets. The center must make these items inaccessible to children. Commonly, tarps covering sand boxes fill with water and become a hazard; the center must drain these tarps as needed. See WAC 388-295-5050 for more information.
- Air fresheners are not specifically forbidden by this regulation. If a child with

allergies or chemical sensitivities is in care at the center, the center should reconsider their use of chemical air fresheners.

- The screening of windows deals with insects exclusively and is not intended to provide protection from falls. Window openings used for ventilation must be screened to prevent insects that may bite, sting, or carry disease from entering the facility.
- The window opening height is a safety precaution to prevent children from falling out of the window. Both the Consumer Products Safety Commission (CPSC) and the American Society of Testing Material (ASTM) standards require the opening size to be less than 3.5 inches to prevent the child from getting through or the head from being entrapped.

Worker Responsibilities

- DCCEL workers must
  - Check the monitoring system used to prevent children from exiting the facility unsupervised. If the system involves bells or alarms, the DCCEL worker must test the system to ensure it works properly. If the system involves center staff supervising the exits, the DCCEL worker must view the staff and gauge their ability to adequately supervise the exits while still engaging with the children.
  - Inspect and evaluate any potential source of standing water where a child could drown. Small children can drown in pails of water, large puddles, water tables, sinks, and tarps covering sandboxes.
  - Check tall furniture (example: bookcases, cubbies, hot water tanks, etc) to ensure they cannot fall on children during an earthquake or if climbed on by children. Any furniture that poses a risk of falling must be secured in a manner that prevents it from toppling. Only those pieces of furniture that pose a risk of falling need to be secured.
  - Inspect a sample of toys used by young children to ensure they do not pose a choking hazard. Technical assistance for the center may be required if inappropriate toys are being used for any age group.
  - If the odor from an air freshener is intense, the DCCEL worker should take

an educational approach by pointing out potential risks associated with the use of chemical agents to mask odor. The DCCEL worker should suggest alternative methods for ridding the center of objectionable odors. Nothing in this regulation forbids the use of air fresheners, although individual children may have allergies or chemical sensitivities to some air fresheners.

- Licensors must inspect indoor and outdoor play areas to ensure there are no hazards that could drown, choke, pinch, cut, or endanger the children in care. This includes the play equipment, fencing, gates, furniture, and all other objects that can be accessed by children in the play area. See WAC 388-295-2130 for more information about outdoor play areas.

Examples

- A five-year-old child gets bored during the day and walks out the side door of the child care un-noticed. The licensor discovers the child playing in the dirt on the side of the building, unattended by any center staff. What should the licensor do? The licensor must first contact Children's Administration Intake with the details of this incident. After returning the child to the classroom, the licensor must determine which exit the child used to leave the building. All centers must monitor exits to prevent children from leaving the premises unsupervised. The licensor must write a Facility Licensing Compliance Agreement directing the center to secure the exits or take extra steps to ensure supervision is sufficient to prevent a recurrence. The Compliance Agreement must address the lack of supervision that allowed the child to escape and remain undetected; who was responsible for this child? The licensor must also examine the program and activities the center is using; why was the child bored? In addition to the Compliance Agreement, the licensor must staff with the supervisor the possibility of more serious licensing action such as a probationary license, suspension (until the supervision problem is corrected), civil penalties, and/or revocation. The potential for serious harm coming to the children in care is great when they are able to escape from the site undetected.
- A DCCEL worker observes center staff, parents, and even children stepping

over a gate intended to keep small children in a classroom. What should the DCCEL worker do? This presents a tripping hazard. In addition, the licensor should question the effectiveness of any gate that is easily stepped over. The licensor must write a Facility Licensing Compliance Agreement directing the center to stop this practice. If the gate does not permit easy opening and closing, the center should consider obtaining a new gate, repairing the existing gate, or redirecting foot traffic so it becomes unnecessary to step over the gate.

WAC 388-295-5030 What do I need to include in my disaster plan?

(1) You must develop and implement a disaster plan designed for response to fire, natural disasters and other emergencies. The plan must address what you are going to do if there is a disaster and parents are not able to get to their children for two or three days.
(2) The fire plan must follow the requirements in chapter 212-12 WAC or the state fire marshal requirements.
(3) In areas where local emergency plans are in place, such as school district emergency plan, centers may follow those procedures and actions in developing their own plan.
(4) The disaster plan must be:

(a) Specific to the child care center;

(b) Relevant to the types of disasters that might occur in the location of your child care center;

(c) Able to be implemented during hours of operation; and

(d) Posted in every classroom for easy access by parents and staff.

(5) Your disaster plan must identify:

(a) The designated position of the person (example: director, lead teacher, program supervisor, etc.) who is responsible for each part of the plan;

(b) Procedures for accounting for all children and staff during and after the emergency;

(c) How you evacuate the premises, if necessary, and the meeting location after evacuation;

(d) How you care for children with special needs during and after the disaster;

(e) How you provide for children until parents are able to pick them up;

(f) How you contact parents or how parents can contact the child care center; and

(g) Transportation arrangements, if necessary.

(6) Your written records must include a disaster plan, with signatures and dates of persons completing the disaster plan review on-site. The disaster plan must be read, reviewed and signed by:

The director and staff annually; and

Parents when children are enrolled.

(7) In addition to the requirements for fire drills and training set forth by the state fire marshal in chapter 212-12 WAC, you must:

(a) Document staff education and training of the disaster plan;

(b) Conduct and document quarterly disaster drills for children and staff (you do not have to conduct a drill quarterly for each potential disaster - just one drill per quarter);

(c) Keep written documentation of the drills on-site; and

(d) Debrief and evaluate the plan in writing after each disaster incident or drill.

(8) You must keep the twelve month record indicating the date and time you conducted the required monthly fire evacuation drills on-site for the current year plus the previous calendar year.

Disaster Plan

Clarifying Information

- All staff must read and sign the disaster plan annually. The center must place documentation confirming staff has read the plan in the staff person's personnel file (see WAC 388-295-7050(6)(c)).
- The center is not required to provide each parent with a copy of the disaster plan. This regulation only requires the plan be read by the parent, that the parent acknowledge they have read the plan in writing, and that the plan be posted in each classroom.
- Parents must read the disaster plan at the time they enroll their children and provide signed documentation they have read it. The center must place that documentation in the child's file (see WAC 388-295-2080(2)(o)).
- Centers must include a discussion of disaster plans in their required center staff orientations [WAC 388-295-1080(8)]. They must thoroughly educate staff

on any changes to the plan so staff can respond appropriately in the event of an emergency.

- Centers must use a portion of the required on-going staff trainings [WAC 388-295-1090(2)(a)] to update center staff on changes to this plan.
- Several sources of information for developing disaster plans are:
  - Federal Emergency Management Agency (FEMA)
  - American Red Cross
  - WA State Emergency Management Division (EMD)
  - Snohomish County Child Care Disaster Response Handbook (a good sample disaster plan)
  - County and city emergency planning departments
- The center should consider extended electrical outages and transportation difficulties because of inclement weather (heavy snow, high winds, flooding, etc) when writing a disaster plan.

Worker Responsibilities

- Licensors must review the disaster plan to ensure the plan covers all portions of this regulation. Licensors can consult with the health specialists if there are questions or concerns with any disaster plan, however the licensor is responsible for reviewing and approving the disaster plan.

Examples

- A child care center near a large river experiences minor flooding during a heavy spring rain. Water is up to the edge of the building and the outdoor play area is one foot deep with water. The director is off site in a meeting. The staff is relatively new because of recent personnel turnover and they do not know exactly what to do in this emergency. They decide to take the children to the local library, which is on higher ground and not in danger of flooding. The staff does not take a parent phone list with them. Meanwhile, parents proceed to the local community center (also on higher ground) to pick up their children, because that is the procedure outlined in the disaster plan. Much confusion and worry ensue, and it is by chance the parents discover the children safe at the library. Several parents phone the licensor with complaints. What should

the licensor do? The licensor must encourage the parents to phone Children's Administration Intake to file a formal complaint. The licensor must discuss with the center the importance of updating the disaster plan and keeping all staff trained on its contents. The licensor must write a Facility Licensing Compliance Agreement directing the center to review the plan to see that it is up to date, and then train all staff on the plan. The licensor must also require the center to conduct annual training on the disaster plan during the required staff meetings (see WAC 388-295-1080 & 1090). The time immediately after an incident such as this is often the best time to review the existing disaster plan using this recent experience as a guide for potential changes.

- A heavy snowstorm isolates an area of the state. Many businesses close and transportation becomes difficult or impossible. Electrical service becomes disrupted due to tree branches falling on power lines. A center loses power, thus heat and lights. Communication with parents is difficult because cell phone lines are busy with increased calls. What should the center do? The center staff should refer to their disaster plan, because the parents will be relying on that information when they make decisions about how and when to pick up their children. The disaster plan should provide guidance about electrical outages and transportation difficulties. If the disaster plan does not provide relevant guidance to center staff, the licensor must require the center to revise the disaster plan using this experience as a model for future emergencies.

WAC 388-295-5040 How do I maintain a clean and sanitized environment?

(1) Surfaces must be easily cleanable. A cleanable surface is one that is:

(a) Designed to be cleaned frequently;

(b) Moisture-resistant; and

(c) Free from cracks, chips or tears.

(2) Examples of cleanable surfaces include linoleum, tile, sealed wood, and plastic.

(3) You must maintain the building, equipment and premises in a clean and sanitary manner that protects the children from illness including but not limited to:

(a) Ensure that floors around sinks, toilets, diaper change areas and potty chairs are moisture resistant and easily cleanable for at least twenty-four inches surrounding the surfaces; and

(b) Take measures to control rodents, fleas, cockroaches, and other pests in and around the center premises such as:

(i) Keep all trash and garbage cans tightly sealed;

(ii) Screen open windows and doors;

(iii) Seal and store food properly; and

(iv) Keep floors and other areas free from crumbs and food debris.

(4) Surfaces can be cleaned:

(a) With any cleaning solution such as soap and water, cleanser or cleaning spray;

(b) With a concentration according to label directions; and

(c) Rinsed as needed per label directions.

(5) You may use a bleach solution to sanitize in the following areas:

(a) Diapering areas;

(b) Surfaces exposed to body fluids;

(c) Bathrooms and bathroom equipment;

(d) Table tops;

(e) High chairs;

(f) Toys;

(g) Dishes;

(h) Floors; and

(i) Sleeping mats.

(6) You may use any solution that is intended for sanitizing if the solution is approved by the department. When you use a product other than bleach to sanitize, you must:

(a) Follow the label directions for use including concentration, contact time and rinsing; and

(b) Be sure that if you use the product on food contact surfaces and items that children might put into their mouths, the label states the product is safe for food contact

surfaces.

(7) The following are surfaces that need to be cleaned and sanitized and a minimum schedule for that cleaning:

(a) Tables and counters used for food serving and high chairs before and after each meal or snack;

(b) Sinks, counters and floors daily, or more often if necessary;

(c) Refrigerators monthly or more often as needed;

(d) Bathrooms (including sinks, toilets, counters and floors) daily and more often if necessary;

(e) Floors will be swept, cleaned and sanitized daily;

(f) Carpet vacuumed at least daily and shampooed as needed but at least every six months;

(g) Toys that children place in their mouth between use by different children;

(h) Infant and toddler toys daily; and

(i) Sleeping mats, cribs and other forms of bedding between use by different children and at least weekly.

(8) Your health policies and procedures must describe your frequency for general cleaning, dusting, cleaning toys, toy shelves, and equipment.

Cleaning & Sanitizing

Clarifying Information

- Clearing and sanitizing are two separate actions.
  - *Cleaning*: the removal of visible soil or dirt; refers to outward appearance only.
  - *Sanitizing*: the removal of harmful levels of illness-causing organisms and other contaminants.
- Bleach solutions must remain in contact with the surface for two minutes in order to reach maximum effectiveness. Many commercial preparations need 10 minutes to achieve the same level of effectiveness, making bleach more time-efficient in most cases.

- Recipe for a bleach solution for sanitizing surfaces that have been in contact with fecal matter:
  - 1 gallon of cool water + ¼ cup of household bleach, or
  - 1 quart of cool water + 1 tablespoon of household bleach.
- Recipe for a weaker bleach solution for sanitizing surfaces that have not been in contact with fecal matter:
  - 1 gallon of cool water + 1 to 3 teaspoons of bleach.
- Material Safety & Data Sheet (MSDS) explains safe use and hazards of any type of cleaner, sanitizer, or other chemical the center is likely to use. Licensors and health specialists should ask the provider to see the MSDS for any cleaning or sanitizing product that is questionable. Centers are not required to obtain or retain MSDS for the products in use, but the MSDS is available at many internet sites for reference. MSDS Search National Repository is one such site.
- Hard plastic toys can be washed and sanitized by:
  - Use of a dishwasher, or
  - Scrubbing in warm soapy water, rinsing in clean water, putting in bleach solution for two minutes, rinsing again in cool clean water, then air-drying.
- *Cleaning solutions* do not require approval by DCCEL workers, nor do they need to be included in the health care plan. Center staff must follow all directions on the label of whatever cleaning solution they chose, and they must be aware of any allergies or chemical sensitivities to the product they choose.
- *Sanitizing solutions* (other than bleach solutions) must be pre-approved for use by the health specialist and included in the health care plan (see WAC 388-295-3010(2)(a) & (b)).
- Moisture resistant, easily cleanable flooring surfaces must extend 24 inches in all directions around sinks, toilets, diaper change areas, and potty chairs. This requirement includes drinking fountains, since the common definition of a sink and a drinking fountain are the same (water basin fixed to a wall or floor, having a drainpipe and a piped supply of water). The intent of the regulation is

to make areas in the center with water easy to clean so mold and mildew do not grow and accidents by slipping on standing water are reduced. More requirements for drinking fountains are at WAC 388-295-3230(4).

Worker Responsibilities

- DCCEL workers must:
  - Inspect all areas of the center for cleanliness.
  - Observe (if possible) center staff cleaning and sanitizing at least one surface in the center so proper technique can be evaluated.
  - Compare the health care plan with actual practice, to ensure the frequency, method, and supplies used match. If there are discrepancies, the DCCEL worker must write a Facility Licensing Compliance Agreement directing the center either to adhere to the written health care plan, or to update the plan to match practice (assuming the practice can be approved).
- Health specialists must pre-approve any sanitizing solution (other than bleach solutions) that are included in the health care plan (see WAC 388-295-3010(2)(a) & (b)).

Examples

- During a licensing visit, a licensor (or health specialist) discovers portions of vinyl flooring in the kitchen, bathroom, and classroom that have curled up. This has created gaps in the floor and the center has attempted to repair this by using duct tape to hold the flooring down. This results in both a tripping and sanitation hazard. What should the DCCEL worker do? The DCCEL worker must write a Facility Licensing Compliance Agreement directing the center to bring the floor into compliance with this regulation. This may mean the floor will need replacing if the problem is severe. The DCCEL worker should negotiate a date for completing this work, keeping in mind the health and safety of the children in care are the primary responsibility.

WAC 388-295-5050 How can I make sure water activities are as safe and sanitary as possible?

(1) To ensure that the children are safe with a swimming pool on the premises, you must:

(a) Ensure that pools are inaccessible to children when not in use;

(b) Provide a certified lifeguard at all times in addition to required staff, when children use a swimming pool; and

(c) Follow any guidelines established by your local health jurisdiction or the state department of health.

(2) You must prohibit children from using or having access to a hot tub spa, small portable wading pools, whirlpool, or other similar equipment.

(3) If you have a water table you must empty and sanitize water tables or similar water play containers after each use and more often if necessary.

Water Activities

Clarifying Information

- The American Red Cross is the approved provider for lifeguard certification. Any lifeguard used to meet the intent of this regulation must be certified.
- A wading pool is defined as a pool that can be picked up and emptied of water. Any pool of a larger size is considered a swimming pool.
- Above ground swimming pools must meet all the same supervision, access, and lifeguard requirements as an in-ground swimming pool.
- Lifeguards are present to save people, not to provide supervision. Centers must provide supervision at their regularly licensed ratios while engaging in water activities; lifeguards do not count in the supervision ratio.

Worker Responsibilities

- Licensors must:
  - Evaluate any swimming pool on the premises to ensure it is safe and sanitary, inaccessible to children when not in use, properly maintained, and the center provides a certified lifeguard when in use.
  - Ensure the local health jurisdiction has approved any on-site swimming

pool. The center will have documentation of this approval.

Examples

- Several classrooms in a center share one water table. The staff empty, then move it to a different room several times during a week. A DCCEL worker is present during one of these moves and notices the water table is not sanitized before being refilled in the new classroom. What should the DCCEL worker do? The DCCEL worker must write a Facility Licensing Compliance Agreement directing the center to sanitize the water table after each use. The DCCEL worker should offer technical assistance to the center and help develop a system that allows the center staff to know with certainty that the water table has been cleaned and sanitized. For example, they could direct the center staff in the room that empties the water table to also sanitize it, so it would be ready for use in the next room. Another option would be to invest in another water table for the other classroom.
- A DCCEL worker discovers a partially filled water table in the corner of a classroom. The center staff in that room says they have not used the water table in three or four days. What should the DCCEL worker do? The DCCEL worker must write a Facility Licensing Compliance Agreement directing the center to empty the water table after each use. It is a violation of this regulation to allow the water table to sit unemptied and unsantized when not in use.

WAC 388-295-5060 How must I store maintenance and janitorial supplies?

(1) You must provide safe storage for flammable and combustible liquids and chemicals used for maintenance purposes and operation of equipment. They must be in a location designed to prevent child access at all times. The liquids and chemicals must be:

(a) Stored in original containers or in department approved safety containers that identify contents;

(b) Stored to comply with fire safety regulations adopted by the state fire marshal's office; and

(c) Ventilated either by mechanical ventilation to the outdoors or through a

window that opens on the exterior wall.

(2) Your janitorial or housekeeping storage must have:

(a) Floor surfaces that are moisture impervious and easily cleanable;

(b) A designated utility or service sink for disposing of wastewater; and

(c) A place for mop storage that is ventilated to the outside.

Storage: Maintenance & Janitorial Supplies

Clarifying Information

- Toxic materials must be stored so they cannot contaminate food, equipment, utensils, and single service articles (disposable eating utensils, cups, and plates). See WAC 388-295-3200 for more information. Centers can separate toxic materials by either spacing or partitions. Toxic materials must be stored in accordance with the manufacturer recommendations.
- Mops may be stored outdoors if a ventilated room is not available, but the mop and mop bucket must be inaccessible to children.
- Toilets may be used for dumping waste water (mop & cleaning water).
- Food and toxic materials must be stored either:
  - In separate cabinets, or
  - If stored in the same cabinet, toxic materials must not be stored above or on the same level with food, equipment, utensils, or single service articles.
- Chemical and cleaner storage must be in a manner that protects against injury. For example, two common chemicals, ammonia and chlorine bleach, are caustic when mixed. Centers must use caution if these chemicals are stored together. A mixture of the two creates chloramine gas, which can result in coughing, loss of voice, and burns. Other combinations of common chemicals can produce similar results.

Worker Responsibilities

- DCCEL workers must contact the fire marshal or local public health if there are concerns about the storage of liquids and chemicals.

Examples

- A licensor discovers muriatic acid in a cabinet with cleaning supplies. Some hardware stores sell muriatic acid for use as an industrial-strength cleaner. The licensor knows that muriatic acid is also known as hydrochloric acid, and that it is very difficult to handle and store safely. The center also uses the cabinet to store food. The licensor does not know details about the substance, so contacts the health specialist for advice. What else should the licensor do? The licensor must determine how safe the cleaning substance is (no matter what the substance might be) and require the center to store it in a manner that meets the intent of this regulation. In this instance, muriatic acid may not have a valid use for cleaning in a child care. Consulting with the director about how the muriatic acid is used would be appropriate; it is highly likely a less dangerous cleaner could perform the same chore. Obtaining the Material Safety & Data Sheet (MSDS) for muriatic might be helpful to the director in deciding if continued use is worth the potential risk. Consulting with the fire marshal, health specialist, and/or local environmental health department might be required.

WAC 388-295-5070 How do I make sure my water is safe?

(1) You must have hot and cold running water.

(2) Hot water that is accessible to children must be between 85 degrees Fahrenheit and 120 degrees Fahrenheit.

(3) To be sure your water is safe for drinking, cleaning, cooking and handwashing, you must:

(a) Receive drinking water from a public water system approved by and maintained in compliance with either the department of health or a local health jurisdiction under chapter 246-290 WAC (Group A systems) or chapter 246-291 WAC (Group B systems); or

(b) Have a source of potable water approved for child care center use by the state department of health or the local health jurisdiction; and

(c) Take any other actions required or requested by the state department of health, the local health jurisdiction or the department of social and health services to ensure the

safety and reliability of the water supply.

(4) If your water connection is interrupted or your water source becomes contaminated:

(a) A correction must be made within twenty-four hours or the facility must close until corrections can be made; or

(b) The facility must obtain an alternative source of potable water approved by the state department of health or local health jurisdiction in an amount adequate to ensure the requirements in this chapter for safe drinking water, hand-washing, sanitizing, dishwashing, and cooking are met.

Potable Water Safety

Clarifying Information

- The center must notify the licensor or health specialist if the water supply becomes unusable.
- The center must obtain potable water from an approved alternate source in the event of an interrupted or contaminated water supply. The center must consult with the Department of Health or local health jurisdiction before using an alternate source of water.
- If a center is using a water system other than a Group A or Group B system (for example, a private well) they must make available to the DCCEL worker documentation from Department of Health or local health jurisdiction the system provides safe water.
  - Group A water system is defined at WAC 246-290-020.
  - Group B water system is defined at WAC 246-291-020.

Worker Responsibilities

- DCCEL workers must see evidence from the Department of Health or the local health jurisdiction that the water system is safe for any center with a water system not classified as a Group A or Group B system.

WAC 388-295-5080 How do I safely get rid of sewage and liquid wastes?

(1) You must dispose of sewage and liquid waste into a public sewer system or approved

on-site sewage disposal system (septic system) designed, constructed and maintained as required in chapter 246-272 and 173-240 WAC and local ordinances.

(2) If you have an on-site sewage system, you must:

(a) Have written verification that the system has been approved by the department of health or local health jurisdiction; and

(b) Locate your drain field and venting to be sure that:

(i) Playgrounds are not on and do not interfere with the access to or operation of the on-site sewage system including the drain field; and

(ii) That drain field venting does not vent onto the playground.

Sewage & Septic Safety

Clarifying Information

- The local health jurisdiction regulates septic usage, although most recommend a 3-5 year service period with more frequent servicing if there is heavy usage. The center must check with the local health jurisdiction for septic regulations.
- Centers using a septic system for waste disposal must make available to the DCCEL worker evidence that the system is safe and properly maintained.

Worker Responsibilities

- DCCEL workers must:
  - Review documentation for septic systems to ensure it is approved and current.
  - Be aware of local septic and well regulations if the worker licenses any centers using septic or wells.

Examples

- A center in a rural area of the state is operating in what was once a residential home. The septic system was designed for the estimated number of occupants at the time the home was built. When DCCEL workers make a licensing visit, there are indications the septic system is failing (bad odors and slow running drains). The current use of the building (as a child care center

with a license for 24 children) places more material into the septic system than it was designed to handle. What should the DCCEL worker do? The DCCEL worker must staff the circumstances with the supervisor to determine if the department must suspend the license pending repair or replacement of the septic system. If the initial observations are conclusive that the septic system is failing and the health of building users are at risk, the department must suspend the license until the septic system is serviced and approved. The DCCEL worker must write a Facility Licensing Compliance Agreement requiring an immediate inspection of the septic system. Further action would be dependant on the results of the inspection.

WAC 388-295-5090 What are the fence requirements?

(1) You must fence the outdoor play area to:

(a) Prevent unauthorized people from entering; and

(b) Prevent children from escaping and having access to hazardous areas.

(2) At a minimum fences and gates must:

(a) Be safe, and maintained in good repair; and

(b) Be designed to discourage climbing and prevent entrapment.

Fence Requirements

Clarifying Information

- Local jurisdictions have different fence height requirements. This regulation does not specify fence height because the different jurisdictions will enforce their requirements when the center applies for a Certificate of Occupancy. Centers are required to check with local jurisdictions for any additional regulations (see WAC 388-295-0040). For example: in 2004, King County code (for unincorporated county) required that child care centers located in Urban Residential Zones and Agriculture Zones have “outdoor play areas shall be completely enclosed by a solid wall or fence, with no openings except for gates and have a minimum height of six feet”. The King County example is presented for information only and is not to be used as a standard for other

counties. Centers must check their own jurisdiction to determine if any additional fencing regulations exist.

- Centers must comply with fencing regulations at any off-site playground used on a daily basis. Centers submitting a waiver request to allow use of off-site outdoor play areas must present a plan as part of the waiver request detailing how they will meet the fencing intent of this regulation. See WAC 388-295-0050 (waivers) and WAC 388-295-2130 (outdoor play areas) for more information about fencing and waivers.
- In the absence of a local requirement for fence height, a four-foot high fence is considered the minimum to ensure children cannot easily escape supervision. The age of children and proximity to potentially hazardous areas (bodies of water, busy roadways, etc) may dictate a higher fence.

Worker Responsibilities

- The licensor must approve fencing for playgrounds. This includes off-site playgrounds where the center has applied for a waiver.

Examples

- A child exits the outdoor play area through a gate that does not have an adequate latch. The child then walks around to the front of the child care building, re-enters the building, proceeds to his normal classroom, and occupies himself playing alone in his classroom. The licensor happens to be in the building doing a monitor visit and discovers the child unsupervised in the classroom. What should the licensor do? The licensor must write a Facility Licensing Compliance Agreement directing the center to make the gate secure. Also included in the Compliance Agreement must be a citation for the lack of supervision that allowed the child to exit the outdoor play area. The licensor should also examine the program at the center to ensure it is adequate to keep the children occupied and engaged.
- A center operates in a former public elementary school. The community uses the outdoor play area when the center is not in operation. Other portions of the old school building are used by several different community agencies, resulting in a constant traffic of people on the premises who are not

associated with the child care. There is also a bus stop on one side of the outdoor play area, and transit users walk across the playground as a short cut around the facility. This results in unauthorized people in the playground at various times of day. What must the center do to resolve this problem? The center should consult with the licensor to determine how to control access of outsiders to the children in care. Close supervision is always the first line of protection. One option would be to cross fence the playground to isolate the play equipment the center uses during the day from the rest of the outdoor area. Regardless of the method chosen, the center is responsible to ensure unauthorized people do not have access to the children in care.

WAC 388-295-5100 What are the requirements for toilets, handwashing sinks and bathing facilities?

(1) You must provide:

(a) A toilet room that is vented to the outdoors;

(b) A room with flooring that is moisture resistant and washable;

(c) One flush-type toilet and one adjacent sink for hand washing within auditory (hearing) range of the child care classrooms for every fifteen children and staff;

(d) Toileting privacy for children of opposite genders who are six years of age and older, or when a younger child demonstrates a need for privacy; and

(e) A mounted toilet paper dispenser within arms reach of the user with a constant supply of toilet paper for each toilet.

(2) Children eighteen months of age or younger are not included when determining the number of required flush-type toilets.

(3) If urinals are provided, the number of urinals must not replace more than one-third of the total required toilets.

(4) Toilet fixture heights must be as follows:

If the age group is:	The toilet fixture height must be:
(a) Toddler: Eighteen months through 29 months	(i) Ten - 12 inches (child size); or (ii) Fourteen - 16 inches (adult size) with a safe,

	easily cleanable platform that is moisture impervious and slip resistant.
(b) Preschool or older: Thirty months of age through five years of age not enrolled in kindergarten or elementary school	(i) Ten - 12 inches (child size); or (ii) Fourteen - 16 inches (adult size) with a safe, easily cleanable platform that is moisture impervious and slip resistant.

(5) Hand washing sink heights must be as follows:

If the age group is:	The sink height must be:
(a) Toddler: Twelve months through 29 months	(i) Eighteen - 22 inches; or (ii) Provide a moisture and slip resistant platform for children to safely reach and use the sink.
(b) Preschool or older: Thirty months of age through five years of age not enrolled in kindergarten or elementary school	(i) Twenty-two - 26 inches; or (ii) Provide a moisture and slip resistant platform for children to safely reach and use the sink.
(c) School age: Over five years of age or enrolled in kindergarten or elementary school	(i) Twenty-six - 30 inches; or (ii) Provide a moisture and slip resistant platform for children to safely reach and use the sink.

(6) Infants are not included when determining the number of sinks required for hand washing.

(7) The sink for hand washing must:

(a) Be located in or immediately outside of each toilet room;

(b) Have water controls that are accessible by the intended user; and

(c) Not be used for food preparation, as a drinking water source or a storage area.

(8) You must have:

(a) Single use paper towels and dispensers; or

(b) Heated air-drying devices.

(9) You must use soap from some type of dispenser to prevent the spread of bacteria from the soap.

(10) If the center is equipped with a bathing facility, you must:

(a) Have parent permission to bathe children;

(b) Equip the bathing facility with a conveniently located grab bar and a nonskid pad or surface; and

(c) Provide constant supervision for the child five years of age and younger and older children who require supervision.

(11) You must make the bathing facility inaccessible to children when not in use.

Toilets, Sinks, & Bathing Facilities

Clarifying Information

- Although infants are not included when figuring the number of hand-washing sinks, there are specific requirements for hand-washing sinks in rooms that serve infants (see WAC 388-295-4120).
- If single use paper towels are used, they must be mounted in a dispenser.
- Liquid soap must be used from a dispenser. Bar soap does not meet the intent of this regulation.
- Center staff is included in the 1:15 toilet ratio used for determining capacity unless the staff has an adult bathroom on site that is dedicated to staff only. We do not count a staff-only bathroom in the ratio for determining capacity.
- Hand washing sinks must not be used as a source of drinking water or for food preparation.

Worker Responsibilities

- DCCEL workers must ensure that sinks used for hand-washing are not used for food preparation.
- Health specialists must use the capacities listed in the regulation as a consideration for the capacity they recommend to the licensor for any center.

WAC 388-295-5110 What are the requirements if I do laundry on the premises or off-site?

(1) If you choose to do laundry on the premises or off site you must be sure the laundry is:

(a) Cleaned and rinsed;

(b) Sanitized with hot water that reaches at least 140 degrees Fahrenheit or use an alternative method such as chlorine bleach that has been approved by the department;

(c) Stored to keep soiled linen and laundry separate from clean linen;

(d) Separate from kitchen and food preparation areas; and

(e) Inaccessible to children.

(2) You also must ensure the dryer is ventilated to outside the building.

Laundry

Clarifying Information

- Dirty laundry must be separated from clean laundry and it must not be accessible to children.
- This regulation does not require the laundry to be in a separate room, only a separate area of the center. The intent is to keep soiled laundry, detergents, laundry machines, and potentially hazardous items separate from the children in care and separate from food preparation areas. For those centers that have laundry and food preparation activities in different areas of the same room, one possible solution to reduce the risk of contamination would be to schedule laundry and food preparation at different times.

Worker Responsibilities

- DCCEL workers must confirm that dirty laundry is
  - Inaccessible to children.
  - Not stored in the kitchen.
  - Not stored with clean laundry.

Examples

- A center has a laundry bag in the child bathroom for the children and staff to toss soiled towels and cleaning cloths into. The licensor discovers this during a routine monitor visit. The staff states this is a convenient location for everyone and they have never had a problem with this arrangement. What should the licensor do? The licensor must write a Facility Licensing Compliance Agreement directing the center to move the dirty laundry out of the bathroom. The center must keep dirty laundry inaccessible to the children in care, and this arrangement does not permit that.
- A center has a large room with the kitchen on one end of the room and laundry facilities on the other. A partial wall separates the two, although they are not in two separate rooms and there is not a door between them. There is shelving in the laundry area used by the staff to store canned and packaged food. A DCCEL worker discovers this and is concerned about contamination of the stored food. What should the DCCEL worker do? The worker must confirm the soiled laundry is not stored in a way that it would contact the canned or packaged food. Any contamination on the cans could be transmitted to the contents of the can once opened. The DCCEL worker must discuss with the director and kitchen staff the risks in storing canned food in the laundry area. One solution would be to wash the cans before opening and/or to use enclosed cupboards instead of open shelves. Another consideration would be access of children to the laundry area; is this area of the center ever used for child activities, for example, cooking in small groups? If so, the center must have additional security measures in place (a door, a gate, extra supervision, etc) to ensure the children do not access the laundry area.

WAC 388-295-5120 What kind of sleep and nap equipment do I need for children not in cribs, bassinets, infant beds or playpens?

Sleeping and nap equipment must be available for each toddler and preschool age child not using a crib and remaining in care for at least six hours and any other child requiring a nap or rest period.

(1) You must:

(a) Provide a separate, firm and waterproof mat or mattress, cot or bed for each child or have a system for cleaning the equipment between children;

(b) Place mats or cots at least thirty inches apart at the sides and arrange children head to toe or toe to toe;

(c) Be sure that the bedding consists of a clean sheet or cover for the sleeping surface and a clean blanket or suitable cover for the child;

(d) Launder the bedding weekly or more often if necessary and between uses by different children;

(e) Store each child's bedding separately from bedding used by other children. Once the bedding has been used, it is considered dirty. One child's bedding cannot touch another child's bedding during storage;

(f) Keep mats clean and in good repair. Once a mat is torn it is not cleanable. You may not use duct tape or fabric to repair sleeping mats or mattresses; and

(g) Use only cots with a surface that can be cleaned with a detergent solution, disinfected and allowed to air dry.

(2) You may not use the upper bunk of a bunk bed for children under six years of age.

Sleep & Nap Equipment

Clarifying Information

- Infants, toddlers, and pre-school-age children are defined in WAC 388-295-0010.
- The quantity of sleep equipment available does not have to equal the center's capacity, only the maximum number of children on site at any one time.
- The intent of sleeping children head-to-toe, toe-to-toe, and keeping bedding from touching while in storage is to minimize the transmission of illness and pests (such as lice).
- The center must replace sleep equipment with cracks, tears, or other defects. Duct tape is not a satisfactory repair because the glue in the tape can harbor bacteria.

Worker Responsibilities

- DCCEL workers must:
  - Check the method used to store bedding and ensure it does not allow one child's bedding to be exposed to another child's bedding.
  - Confirm that any disinfectant used on sleep equipment matches that listed in the health care plan.

Examples

- A DCCEL worker visits a center and observes the sleep mats piled in a closet with fitted sheets still attached to them. The sheets are touching one another. On top of the pile is a jumble of blankets of various colors. The licensor questions the staff in that room and is told that the sheets are of different colors that match the blankets, and that each child is assigned a specific color so they always get the same mat and blanket. What should the DCCEL worker do? The DCCEL worker must discuss with the center staff the intent for keeping blankets and sheets separate (to minimize transmission of illness and pests). When the sheets and blankets are allowed to come into contact, the risk for cross-contamination is greatly increased. The DCCEL worker must write a Facility Licensing Compliance Agreement requiring the center to devise a new system for storage that keeps the sheets and blankets separate.

WAC 388-295-5140 Are there any requirements for storage space provided for children?

You must provide accessible individual storage space for each child's belongings that prevents the spread of diseases or parasites such as scabies and lice.

Individual Storage for Children

Clarifying Information

- Storage that prevents the spread of disease and parasites means storage that prevents one child's belongings from coming into contact with another child's belongings.

- Some centers use coat hooks with multiple names, one label for a child in care during the morning, and another label for a child in care in the afternoon. Sometimes this will also be observed for children who are at the center on different or alternating days. This is acceptable as long as the children are not at the center at the same time and both using the same coat hook or storage space at once.
- This regulation does not specify any distance between coat hooks. The measure of an acceptable distance between coat hooks would be to observe if clothing hangs on the hooks without touching.

Worker Responsibilities

- DCCEL workers must approve the storage space used for children's belongings. If the licensor has any questions or concerns, consult with the health specialist.

Examples

- A DCCEL licensor visits a center and discovers the children's coats and other belongings piled in the corner. There is no individual storage in the center. The licensor questions the director and discovers the center removed the cubbies because they wanted to install a bookcase so they could add a library section to the classroom. What should the licensor do? The licensor must write a Facility Licensing Compliance Agreement directing the center to provide accessible, individual storage space for the children. The licensor can offer suggestions about how other centers have accomplished this and still maintained floor space in the room for other activities.
- A center phones the licensor and asks if they can use the same cubby space for siblings. What should the licensor say? The licensor must inform the center that individual space is required for each child, and sharing cubby space with a sibling does not meet the intent of this regulation.

WAC 288-295-5150 Are there ventilation and temperature requirements for my facility?

(1) You must maintain all rooms used by children at temperature of:

(a) Sixty-eight degrees Fahrenheit to 75 degrees Fahrenheit during winter months; and

(b) Sixty-eight degrees Fahrenheit to 82 degrees Fahrenheit during the summer months.

(2) In addition, you must:

(a) Equip the room or building with a mechanical air cooling system or equivalent when the inside temperature of child-occupied areas exceeds 82 degrees Fahrenheit. This includes but is not limited to, swamp coolers, fans, air conditioners, or drip systems;

(b) Not take children outdoors during extremes temperatures that put children at risk for physical harm.

WAC 388-295-5160 What do I need to know about pesticides?

(1) To use pesticides, you must comply with licensing requirements of chapter 17.21 RCW (The Pesticide Application Act) which requires you to:

(a) Establish a policy on the use of pesticides that includes your posting and notification requirements;

(b) Provide to parents a written copy of your pesticide policies that includes your posting and notification requirements annually or on enrollment;

(c) Notify parents, guardians, and any other interested parties forty-eight hours in advance of the application of pesticides; and

(d) Require the pesticide applicator to provide a copy of the records required within twenty-four hours of when the pesticide is applied.

(2) Your notification must include a heading stating "Notice: Pesticide Application and..." at a minimum must state the:

(a) Product name of the pesticide being used;

(b) Intended date and time of application;

(c) Location where the pesticide will be applied;

(d) Pest to be controlled; and

(e) Name and number of a contact person at the facility.

(3) To notify people that a pesticide has been used, you must place a marker at each primary point of entry to the center grounds. The marker must be:

(a) A minimum of four inches by five inches;

(b) Printed in colors contrasting to the background; and

(c) Left in place for at least twenty-four hours following the pesticide application or longer if a longer restricted period is stated on the label.

(4) The marker must include:

(a) A headline that states "This landscape has recently been sprayed or treated with pesticides";

(b) Who has treated the landscape; and

(c) Who to call for more information.

Pesticides

Clarifying Information

- Washington State Department of Agriculture (WSDA) is responsible for enforcing the provisions of RCW 17.21, the Pesticide Application Act. WSDA publishes the Compliance Guide for Use of Pesticides at Public Schools (K-12) and Licensed Day-Care Centers, which offers detailed technical assistance for providers to comply with this law.
- Herbicides, rodentcides, fungicides, defoliants, and insecticides are defined by RCW 17.21.020 as a pesticide and are controlled by the provisions of this regulation.
- DCCEL workers and parents can request copies of the Material Safety & Data Sheet (MSDS) for any pesticide used. The MSDS will explain details about the pesticide. Centers are not required to obtain or retain MSDS for the products in use, but the MSDS is available at many internet sites for reference. MSDS Search National Repository is one such site.
- Pre-notification is not required when pesticide application is made when children are not in care for two consecutive days after the application (for example, pesticides applied on a Friday and children not in care again until the following Monday (RCW 17.21.415(8)).
- Pre-notification is not required when there is an immediate human health or safety threat due to the pests (for example, stinging insects RCW

17.21.415(9)). When an emergency application is made, notification consistent with the center's notification system must occur as soon as possible after the application. The notification shall include information consistent with this regulation.

- Pesticide application does not include antimicrobial pesticides or the placement of insect or rodent baits that are not accessible to children (RCW 17.21.415(7)).

Worker Responsibilities

- DCCEL workers must refer centers to the Compliance Guide for Use of Pesticides at Public Schools (K-12) and Licensed Day-Care Centers for details about enforcement of this regulation.

Examples

- A center has rodent bait under the building. A parent discovers this, phones the licensor complaining this violates the regulations placing their child at risk of poisoning. What should the licensor do? The licensor should partner with the health specialist and visit the center to investigate the situation. The Pesticide Application Act (RCW 17.21) does not prohibit inaccessible rodent bait, however DCCEL workers must determine the rodent bait is not accessible to children and that proper precautions are used when handling the substance.

WAC 388-295-5170 Can we have animals at the center?

(1) When animals are on the center premises you must:

(a) Notify the parents in writing that animals are on the premises and the potential health risks associated with the animals to include how to address the needs of children having allergies to animals;

(b) Have a signed document from each parent stating they understand the potential health risks;

(c) Not hang pet containers or cages in corridors, entryways or over where children eat, sleep, and play;

(d) Post handwashing signs in areas where pets are housed;

(e) Have containers or cages to prevent debris from spilling out of the container or cage. The container or cage must not be located in corridors, entrance ways, or where children eat, or play;

(f) Assign responsible staff to ensure pet containers, cages, and litter boxes are cleaned and disinfected at least weekly and more often if needed;

(g) Not allow animals in food preparation areas. If the sink is used for cleaning food or utensils it cannot be used to clean pet supplies;

(h) Not allow animals in rooms that typically are used by infants or toddlers;

(i) Keep on file proof of current rabies vaccinations for all dogs and cats;

(j) Meet local requirements in counties with immunization, vaccination and licensing requirements for animals; and

(k) Organize children into small groups for supervised activity for handling of pets.

(2) You must develop policies and procedures for management of pets to include:

(a) How the needs of children who have allergies to pets will be accommodated;

(b) How pet containers, cages, litter boxes will be cleaned and sanitized and who will do it;

(c) How pets will receive food and water, and be kept clean and who will do it;

(d) Curricula for teaching children and staff about safety and hygiene when handling pets; and

(e) Pets (excluding aquatic animals) showing signs of illness must be removed from the facility until they have been seen, treated and given approval to return to the center by a veterinarian. Written proof of veterinary visits must be maintained on file.

(3) Reptiles and amphibians must be in an aquarium or other totally self-contained area except during educational activities involving the reptile. Children five years of age or less must not physically handle reptiles and amphibians.

(4) Animals with a history of biting or other aggressive behaviors must not be on the premises of the child care center.

(5) You must ensure children wash their hands after handling animals.

Animals

Clarifying Information

- Aggressive behavior does not necessarily mean an animal runs around, jumps on people, or bumps into objects. Aggressive behavior is defined as behavior whose effect is to intimidate, control, or dominate. Small children are often intimidated or scared by animals jumping on them, therefore the size of the children must be taken into account, as well as the activities of the animal.
- Containers and cages are not to be placed in corridors, entranceways, or where children eat or play. When this regulation mentions "eat or play" it refers to the specific place where children eat or play, not to the room as a whole. For example, a container of cage would not be allowed on a table used for play or dining, but would be allowed in the room provided it was not in contact with the area children eat or play. The intent of this regulation is to prevent contact between cage debris and children in care.
- The Department of Health Zoonotic Disease Program maintains an internet site with information about potential health risks for various animals.

Worker Responsibilities

- DCCEL workers must:
  - Review the written pet management policies of any center with animals on site to ensure they comply will all relevant aspects of this regulation.
  - Check a sample of children's files to ensure there is the required, signed document from each parent about the potential health risks of contact with animals.
  - Observe the behavior of any animals at the center and (if possible) the interactions of children with the animal(s).

Examples

- A parent phones Children's Administration Intake with the complaint that a center has added a cat to the classroom without prior notification to the families using the childcare. The parent states their child is allergic to cats and had a bad reaction to this animal. What should the DCCEL worker do?

The DCCEL worker must visit the center and determine whether there is an animal on the premises. If so, the DCCEL worker must question the director about what notification process was used prior to the animal being allowed on-site. Also, the DCCEL worker must discuss with the director the plan for keeping the cat out of the kitchen, cleaning the cat box, and all other applicable portions of this regulation. The DCCEL worker must write a Facility Licensing Compliance Agreement for violation of this regulation.

Section G: Agency Practices

WAC 388-295-6010 What are the regulations regarding discrimination?

(1) Child care centers are defined by state and federal law as places of public accommodation and must not discriminate in employment practices and client services on the basis of race, creed, color, national origin, marital status, gender, sexual orientation, class, age, religion, or disability.

(2) You must:

(a) Post a nondiscrimination poster where families and staff can easily read it;

(b) Have a written nondiscrimination policy; and

(c) Comply with the requirements of the Americans with Disabilities Act.

Discrimination toward children in care

Clarifying Information

- Child care centers are places of public accommodation under WA State law (RCW 49.60.215). A child care center must not discriminate against employees or clients based on race, creed, color, national origin, marital status, gender, class, age, religion, or disability.
- The required non-discrimination policy must cover both employment practices for employees and enrollment practices for children in care. It must be of sufficient clarity and detail that it leaves no doubt about its intention.
- The center must post the required non-discrimination poster in a location that is accessible and obvious to both parents and staff. DSHS/DCCEL has a poster (DSHS 24-007X) that fulfills this requirement. If the center has a different non-discrimination poster that covers the same topics as the DSHS poster, it would need cover the same information.
- The Federal Department of Justice (DOJ) enforces the Americans with Disabilities Act (ADA). The DOJ has two pamphlets on their website with more information about ADA and child care:
  Child Care Centers and the Americans with Disabilities Act, and

Commonly asked Questions about child care centers and the Americans with Disabilities Act.

- The Include Me: Guide to Inclusive Child Care booklet is available on the DCCEL Internet site. This contains a wealth of information, tips, and resources.

Worker Responsibilities

- If the licensor determines there are potential discrimination problems in a center, the licensor must write a Facility Licensing Compliance Agreement requiring the center to address the problem. Many resources (workshops, facilitators, written material) are available in most communities to assist the center in examining the issues and developing a plan to make corrections.
- Licensors must review the written nondiscrimination policy and ensure a nondiscrimination poster is displayed prominently for parents and staff. The DSHS non-discrimination poster (DSHS 24-007X) is available for use by centers and fulfills the requirements of this regulation.

Examples

- A center has refused to serve a family because they are from a different culture, do not speak English, and do not recognize or understand the "usual" holidays celebrated in the local community. The director does not understand how the staff will respond to the child's needs if the child or parents cannot speak English. The director also believes the child's culture will be out of place in the center. What should the licensor do? This regulation specifically states that a center is a place of public accommodation and cannot discriminate based on culture. The licensor must write a Facility Licensing Compliance Agreement directing the center to explore how they can incorporate families of other cultures into the program. The Compliance Agreement could also require the center to increase the variety of culturally specific materials and activities in their program. The licensor should discuss with the director that this is an opportunity for both the children in care and the staff to enrich themselves and the program by exploring a different culture.
- A center has refused to serve a young child with asthma. The child requires

the use of a nebulizer. The director has no experience with nebulizers and none of the staff is willing to learn how to operate the machine; the child is too young to administer this treatment himself and requires assistance. The parent is frustrated and phones the licensor for advise. What should the licensor do? The licensor must visit the center and inform the director that they cannot discriminate against this child based on a disability or medical condition. The licensor must write a Facility Licensing Compliance Agreement directing the center to work with family and explore whether or not they can adequately serve the child. The licensor could also make a referral to local health authority (if appropriate) or other health agency and arrange training for staff.

Discrimination toward employees

Clarifying Information

- Centers must not discriminate against employees based on race, creed, color, national origin, marital status, gender, class, age, religion, or disability. Staff who suspects employment discrimination can contact the licensor or phone a complaint into Children's Administration Intake. Discrimination complaints are potential violations of business practice issues in a licensing investigation.

WAC 388-295-6020 What are the regulations regarding religious activities?

You must:

(1) Respect and facilitate the rights of the child in care to observe the tenets of the child's faith, consistent with state and federal laws;

(2) Not punish or discourage the child for exercising these rights; and

(3) Maintain a written description of the center's religious polices and practices that affect the child in care.

Religious Activities in the Center

Clarifying Information

- The center must periodically review and update (as needed) the religious activities section of their policy and procedure handbook.

Worker Responsibilities

- The licensor must review the center's policy and procedure handbook at initial licensing and whenever changes are made to the handbook. The description of the center's religious policies and practices must be included in the policy and procedure handbook [WAC 388-295-2080(j)] that is distributed to parents when they enroll their children in care.
- Licensors must maintain a current copy of the center's policy and procedure handbook in the licensing file.

Examples

- A parent phones in a complaint to the licensor alleging their child is being forced to study religions other than what the family practices. The parent wants the center to stop any religious-oriented projects and activities with the children in care, saying it is inappropriate for a center that accepts subsidy money; the parent informs the licensor this is state-sponsored religion and therefore illegal. The licensor investigates and discovers that the center has a program in place that explores many different religions and over the course of a year exposes the children to a wide variety of customs. The director states that the parent asked if their child could engage in other activities during religious-based activities, but the director has been reluctant because she is worried about singling out the child as different in some way. What should the licensor do? The licensor must check the center's policy and procedure handbook to be sure that the religious policies and practices of the center are clear and easily understandable. The licensor must also check the child's file for signed evidence the parent has a copy of the current handbook (WAC 388-295-2080). There is nothing illegal or improper with a center exploring one or more religions with the children in care, *as long as* it is clear in the center's policy and procedures handbook. It is at the enrollment point that a

parent has the choice to enroll or not enroll their child, based partially on the material in the policy and procedures handbook. Complaints are an opportunity for the licensor and director to examine the center's policy and procedure handbook with the goal of increasing clarity.

WAC 388-295-6030 What are the special requirements regarding American Indian children?

When five percent or more of the center's child enrollment consists of American Indian children, you must develop social services resource and staff training programs designed to meet the special needs of such children through coordination with tribal, Indian health service, and Bureau of Indian Affairs social service staff, and appropriate urban Indian and Alaska native consultants.

Native American requirements & 7.01 Plan

Clarifying Information

- It is the provider's responsibility to determine, in collaboration with the parents of the children in care, the percentage of Native American children enrolled in the center.
- A center with over 5% Native American population must contact the licensor and discuss possible resources for developing social service resources and designing a program to meet the needs of the Native American children in care.
- Any program or services designed for the Native American population must be in collaboration with the families of the children in care, the social services or education director of any tribe to which the family belongs, and the 7.01 plan.
- Each DCCEL office that serves an area containing a recognized Native American tribe will have developed a 7.01 plan that outlines specific responsibilities between the DCCEL office and the tribe. The plan will contain details concerning interactions with local tribes.
- General information about the 7.01 plan, the specific 7.01 plan for each office, the DSHS Administrative Policy 7.01, contact lists, and many other resources

can be found at the State/Tribal Relations Unit (STRU) Intranet site.

Worker Responsibilities

- In the event a center contacts the licensor with information that they serve more than 5% Native Americans, the licensor must check for a local 7.01 plan and determine if an action plan for meeting this regulation has been already been negotiated between the local DCCEL office and the tribe.
- If there is no responsibility assigned by the 7.01 plan (or no 7.01 plan for the DCCEL office), the licensor must contact State/Tribal Relations Unit (STRU) and the tribal government for advice on appropriate steps to take to fulfill this regulation.

WAC 388-295-6040 What are the requirements regarding child abuse and neglect?

(1) You and your staff must protect the child in care from child abuse, neglect, or exploitation, as required under chapter 26.44 RCW.

(2) You must immediately report an instance when you or the staff have reason to suspect that child physical, sexual, or emotional abuse, child neglect, or child exploitation as defined in chapter 26.44 RCW has occurred. This report must be made to children's administration central intake.

(3) If there is immediate danger to a child you must also make a report to local law enforcement.

Child Abuse & Neglect

Clarifying Information

- It is the centers responsibility to educate staff about mandated reporting requirements and to document that education in the staff files. WAC 7050(6)(c)(viii)
- It is the responsibility of the individual in a center to report suspected abuse, neglect, and exploitation.
- Definitions relevant to this section:
  - *Immediately report* is defined in RCW 26.44.030(1)(d) as “the first

opportunity, but in no case longer than forty-eight hours after there is reasonable cause to believe that the child has suffered abuse or neglect".

- *Abuse or neglect* is defined in RCW 26.44.020 as "the injury, sexual abuse, sexual exploitation, negligent treatment, or maltreatment of a child by any person under circumstances which indicate that the child's health, welfare, and safety is harmed".
- *Sexual exploitation* is defined in RCW 26.44.020 as "(a) Allowing, permitting, or encouraging a child to engage in prostitution by any person; or (b) allowing, permitting, encouraging, or engaging in the obscene or pornographic photographing, filming, or depicting of a child by any person".
- *Negligent treatment or maltreatment* is defined in RCW 26.44.020 as "an act or omission that evidences a serious disregard of consequences of such magnitude as to constitute a clear and present danger to the child's health, welfare, and safety".

Worker Responsibilities

- The licensor must staff with the supervisor the failure of a center to report suspected abuse, neglect, or exploitation. Civil penalties, probationary license, disqualification, or other negative licensing action should be considered.
- It is the licensor's responsibility to coordinate with any other agency involved in an abuse or neglect investigation. The licensor is still responsible to investigate any licensing issues involved in a complaint, and must maintain their own SER entries and other notes about the licensing issues.
  - If the investigation involves DLR/CPS, the DLR/CPS investigator will be the lead investigator and will set the pace for the abuse and neglect portion of the investigation.
  - If law enforcement is involved in the complaint, the law enforcement agency will be the lead investigative agency and the DCCEL licensor must defer to their timelines and directions.
- The licensor is responsible for closing the complaint in CAMIS once the

investigation is complete. If DLR/CPS is involved in the investigation, the investigation is not considered complete until the DLR/CPS Investigative Assessment is complete and entered into CAMIS.

- If there is immediate risk to the children in care due to environmental or facility problems, the licensor must staff with the supervisor a suspension and/or revocation of the license. It could be considered neglect if the condition remains and no steps are taken to correct the situation.
- If there is risk to the children in care from an individual at the center, the licensor must immediately staff with the supervisor the removal of that person from the premises. This could mean the person would not be allowed on the premises until there is some resolution to the problem, and it could ultimately lead to the disqualification of the person after a Character, Competence, and Suitability Evaluation.
- If there is immediate danger to a child in care, and the administrative staff at the center has not acted quickly and decisively to protect the children, the licensor must staff with the supervisor the potential suspension and/or revocation of the child care license. They must also staff the possible disqualification of the administrative staff responsible for the inaction.

Examples

- One staff in a child care center witnesses another staff spanking a child. The witness of the spanking is concerned because the child was being spanked very hard. The witness did not report the suspected abuse because she did not want to damage her relationship with the other staff person. Several days later, the parent complains to the director that her child had been spanked at the center and there were handprint shaped bruises on the child from the spanking. The director contacts Children's Administration Intake with the report of potential abuse, then places the suspected staff person on administrative leave until the investigation is complete. The referral is screened into DLR/CPS for investigation. What should the licensor do? The licensor must first coordinate strategies and responsibilities with the DLR/CPS investigator. In regards to the mandated reporting portion of the complaint, the licensor must determine several things:

(1) Did staff with knowledge of improper discipline report their concerns?
(2) Have all staff been trained about their mandated reporting obligation?
(3) Does the center regularly include mandated reporting and child abuse/neglect topics in their required staff trainings?
If the answer to these questions is “no”, the licensor must staff with the supervisor what action to take. Timely reporting of suspected child abuse/neglect is a crucial role for the licensed facility.

Mandated Reporting

Clarifying Information

- Child care staff are mandated reporters of child abuse. This includes all administrative staff, (director, assistant director, and program supervisor), lead teachers, volunteers, teacher aides, assistants, cooks, & janitors.
- The individuals who work in a center are the mandated reporters, not the center itself. A facility may have a policy that suspected abuse and/or neglect are reported to the administrative staff at the center. However, since the individuals working in the center are the mandated reporters, it is their personal responsibility to see that a report of suspected abuse and/or neglect is made.

Worker Responsibilities

- Licensors must clearly communicate to the administrative staff at centers the seriousness of their mandated reporting obligation. This should be done during orientation, monitor visits, and licensing visits.
- Licensors must discuss the role of child care providers as mandated reporters during orientation. Licensors must inform directors that all staff must be trained in mandated reporting requirements. Center staff orientation (provided by the center) is a required time for this training. Refreshers during the required quarterly staff meetings would also be appropriate.
- Licensors must distribute the local phone number for Children’s Administration Intake to child care centers. They must do this at orientation, during licensing visits, and as needed.

- During a complaint investigation of abuse or neglect, the licensor must determine when the staff first knew of the alleged abuse and when they reported the alleged abuse. A rapid response by the staff is essential in protecting children.
- DCCEL licensors are also mandated reporters. If a licensor has knowledge of a reportable incident, the licensor must make a report within the time frames listed in this regulation.

Examples

- A staff member observes behavior and other indicators that a child in care may be abused. This individual learned at the staff orientation that she is a mandated reporter so she informed the director of the center about her concerns. The director takes the information from the staff, but then decides to wait a few days for more data to accumulate before making a phone call to Children's Administration Intake. When a call is finally made, almost two weeks have elapsed since the staff person first report to the director. When the licensor and the DLR/CPS Investigator interview the staff about the situation, she reveals she had reported this to the director, and the director "sat" on the information for two weeks. What should the licensor do? The licensor must inform the staff person and the director that it is the staff member personally who is the mandated reporter, and not the center itself. Although the center can have a policy that suspected abuse is reported first to the administration at the center, it does not fulfill the mandated reporting requirements to simply report an incident to the center director. The staff has an obligation to contact Children's Administration Intake herself; it is the person with knowledge of the incident that is the mandated reporter, not the center. The licensor must write a Facility Licensing Compliance Agreement for violation of the mandated reporting requirements.
- A center director phones the licensor and informs her about an incident that clearly should be reported to Children's Administration Intake. The provider states they do not want to make the report themselves because they are not positive it happened and they do not want to risk damaging relations with the family. The licensor attempts to convince the director that the report must be

made, and that it would be best if the person with most direct knowledge of the incident (the director) made the report. It becomes clear to the licensor that the director will not make a report to Children's Administration Intake. What should the licensor do? The licensor is also a mandated reporter and must make the report to Children's Administration Intake if it appears it will not be otherwise reported. The licensor must also write a Facility Licensing Compliance Agreement directing the center to always comply with the mandated reporting requirements. It would be appropriate to consider training for the center staff and possible civil penalties. The licensor must make it clear to the director that reporting suspected incidents to Children's Administration Intake keeps children safe and is required, not optional.

WAC 388-295-6050 What substances are prohibited in the child care center or on the premises?

(1) You, your staff, parents, and volunteers must not be under the influence of, consume, or possess an alcoholic beverage or illegal drug while on the child care premises or during work hours while you are responsible for children in care.

(2) You, your staff, parents, and volunteers must not smoke:

(a) Inside the center building;

(b) While supervising children outdoors; or

(c) In a motor vehicle while transporting children.

(3) You, your staff, parents, and volunteers may smoke outdoors, off the premises and out of view of the children.

Alcohol & Illegal Drug Use

Clarifying Information

- *Premises* is defined by WAC 388-295-0010 as "the building where the center is located and the adjoining grounds over which you have control". Therefore, there must be no smoking, alcohol, or illegal drug use in the building, in the play area, in the parking lot, or anywhere on the grounds. The center may designate a smoking area, but it must be off the premises and out of sight of

the children in care.

Worker Responsibilities

- It is the licensors responsibility to investigate all allegations that staff are under the influence of prohibited substances. If the licensor suspects there may be merit to the allegations, there must be a staffing with the supervisor to consider a supplemental evaluation as part of a Character, Competence, and Suitability Evaluation, with possible disqualification of the person involved. It would be appropriate to require the individual to work in a supervised capacity until the Character, Competence, and Suitability Assessment are complete.
- Evidence that staff have been under the influence of alcohol or illegal drugs result in the disqualifying of the staff involved and the possible revocation of the child care license. Licensors must staff potential disqualifications and revocations with the supervisor.

Examples

- A licensor visited a center and noticed a strong odor of tobacco on the outdoor play area and at the entrance to the building. The director denied that anyone was smoking on site. What should the licensor do? The licensor must review with the director the contents of WAC 388-295-6050 and can offer technical assistance by helping the director to find a designated smoking area off the site of the child care. Continued monitoring is appropriate.
- A complaint is received alleging that two staff members in a center are smoking marijuana before their shifts at the center. The licensor visits the center and discusses the allegations with the director. The director states that she has not seen any evidence of drug use among the staff. The licensor then interviews the alleged users. Both staff members deny the allegations. What should the licensor do next? The licensor must discuss the allegations with the supervisor. If the decision is made to require a supplemental evaluation as part of a Character, Competence, and Suitability Evaluation, the licensor must develop a Facility Licensing Compliance Agreement setting the terms of the evaluation and expected dates of completion. It would be appropriate to require the staff person work only in a supervised capacity until there was some resolution from the evaluation.

- A parent phones the licensor and states that while on a field trip, the staff person driving a van full of children locked them in the van at a gas station and was not able to open the van again because the keys were also locked in the vehicle. The parent alleges the staff person had been drinking. What should the licensor do? Regarding the suspected alcohol use, the licensor must interview the staff person and any other persons who might have direct knowledge of the incident. If there is reason to suspect the staff person may have been using alcohol (or any illegal substance) during child care hours, the licensor must staff with the supervisor the possibility of requiring an alcohol and/or substance abuse evaluation as a part of a Character, Competence, and Suitability Evaluation. The licensor must develop a Facility Licensing Compliance Agreement setting the terms of the evaluation and expected dates of completion. It would be appropriate to require the staff person work only in a supervised capacity until there was some resolution from the evaluation.

WAC 388-295-6060 Who is allowed to have unsupervised access to children in care?

(1) During operating hours or while the child is in care, the only persons allowed to have regular or unsupervised access to the child in care are:

(a) The child's parent;

(b) You;

(c) An employee or volunteer who has received a Washington state patrol background check clearance; and

(d) A representative of a governmental agency who has specific, verifiable authority supported by documentation for the access.

(2) You must not allow anyone else unsupervised access to a child in care. A parent can only have unsupervised access to his or her own child unless the parent signs an authorization for an individual to have unsupervised access to their own child. (For example a therapist.)

Unsupervised Access to Children

Clarifying Information

- Many centers use the services of outside vendors to provide specific programs for the children in care (storytellers, puppeteers, music lessons, gymnastic programs, etc). These individuals are not defined as staff (employees and/or volunteers who have been cleared by Background Authorizations), therefore, they must not have unsupervised access to the children in care. The center must provide enough qualified center staff to adequately supervise the children in care at the same levels required during any other time of day.
- Changing rooms at public swimming pools create a supervision problem for centers because the opportunity for unqualified people to access the children in care exists. The center must provide qualified supervision for all the children in care during those times when the children are in a changing room at a public pool.
- Staff must fully supervise children during travel for field trips. Centers may not use uncleared individuals as the sole adult in a vehicle while transporting children. There must be enough pre-qualified staff in the vehicle to properly supervise the children and maintain the staff to child ratio in the vehicle.
- Centers must check the identification of any person presenting themselves as government representatives. If the center has any questions about the need or authority of the person seeking access to the premises, the director should contact the licensor.
- If a child in care is using the services of an outside provider (speech therapist, physical therapist, counselor, etc), the center must obtain written permission from the parent allowing that person unsupervised access to the child during child care hours. That written permission must be added to the child's file so it is readily available if center staff has questions.

Worker Responsibilities

- Licensors must have valid identification to present to the center on request.
- During licensing and monitor visits, licensors must be aware of who is in the

classrooms. Licensors can get a list of staff from the director and compare it to the center's personnel files if there are any questions about the appropriateness of a person to be in the classroom. There must be evidence of having submitted a Background Authorization form in the personnel file of each staff or volunteer in the classroom (WAC 388-295-7050).

Examples

- A center takes a group of children to a local swimming pool for a field trip. Later that evening, one of the children informs their parents that a "stranger" was looking at him and talking to him in the changing area at the pool, and it made him feel nervous. The parent contacts the center the next day and is informed that there were no male assistants on the trip, so the center had assigned an older child in the group to watch over the boys while they were in the changing area. The center also told the parent that an assistant was stationed outside the door and she frequently called into the room to check on the children. What should the licensor do? The licensor must write a Facility Licensing Compliance Agreement citing the following issues:
  (1) The children out of visual and auditory supervision because the staff person stationed outside the door was not within visual range of the children inside the changing room.
  (2) An unqualified individual (one of the other children in care) was assigned the role of supervisor;
  (3) The center director must devise a plan of action to provide visual and auditory supervision at all times on future outings to the swimming pool.
- A center has hired a contractor to do some minor remodeling at the facility. The work schedule of one of the sub-contractors requires them to work during the day when children are present. One of the workers has made it a habit to sit on the playground and eat lunch, and several children have begun to gather around him to talk. The licensor hears about this because a concerned parent phones in a complaint. What should the licensor do? The licensor must visit the center and observe the construction. A Facility Licensing Compliance Agreement must be written that addresses any problems the licensor finds. There are several potential issues in this scenario:

(1) Who was supervising the children on the play area, and why didn't they intervene when the children approached the worker?
(2) Did the center notify the licensor about the construction (circumstantial changes, WAC 388-295-7070)?
(3) Did the center devise a plan that addresses all possible impacts on the child care during the construction period? This plan must include impacts from dust, noise, tools, chemicals, displacement from rooms, entry and exit from the center, and all other potential issues that could arise due to the remodel. The plan must also include a section detailing how the center will protect the children from contact with workers who will be on the premises, but have not been cleared by a Background Authorization.

- A center director phones the licensor and relates an incident that happened earlier in the day. An unknown person entered the facility and wandered from room to room. This person was not questioned or challenged by staff from the first several rooms, so was able to roam freely for approximately 15 minutes in the facility. One staff person did question the unknown person eventually, and the unknown individual quietly left the building with no further explanation. The center does not know who this person may have been or exactly how long they were in the building. What should the licensor do? The licensor should thank the director for bringing this to DCCEL's attention and must offer technical assistance to prevent a future recurrence. Some potential solutions include (but are not limited to):
  (1) Secure the entry in a manner that allows parents free access, but does not allow entry by strangers.
  (2) Train all staff to immediately question unknown persons on the premises and make it clear to staff that they are the first line of protection for the children in care.
  (3) Review and possibly update the section of the child enrollment forms that lists who is allowed to pickup and drop off the children.
  The items chosen as the best solution must be written into a Facility Licensing Compliance Agreement.
- A parent is upset about alleged bullying incidents between their child and another child in care. The parent enters the child's classroom in the morning

and initiates a conversation with the alleged bully. A staff person notices the parent speaking to the child in a threatening, demeaning manner and interrupts the conversation. The parent becomes confrontational with the staff (in front of the children in care) and leaves the building. The director phones the licensor for advise. What should the licensor do? The licensor must reinforce with the director that parents are only allowed to have access to their own children. With this in mind, the center must institute measures to prevent this type of incident in the future. Some of these measures could include (but are not limited to):
(1) The director should have a discussion with the parent who is the subject of this incident. During that discussion it must be made clear that the safety and well-being of all the children in care mandates that parents be allowed access to only their own children.
(2) The director should offer to meet with the parents of both children, and any staff in the room, and examine the bullying complaint thoroughly.
(3) Distributing to all parents a reminder that the safety of all children in care depends on controlled access to the children.
The items chosen as the best solution must be written into a Facility Licensing Compliance Agreement.

SECTION H: RECORDS, REPORTING, & POSTING

WAC 388-295-7010 What information must be kept in the child's individual file?

(1) You must keep current organized confidential records and information about each child in care on the premises. You must make sure that each child's record contains, at a minimum:

(a) Completed enrollment application signed by the parent;

(b) Name, birth date, dates of enrollment and termination, and other identifying information;

(c) Name, address, and home and business telephone number of the parent and other person to be contacted in case of an emergency;

(d) Health history;

(e) Individual plan of care when needed for chronic health conditions and life threatening medical conditions;

(f) Written consent from the parent for you to seek and approve medical care in an emergency situation, a court order waiving the right of informed consent, or parent's alternate plans for emergency medical and surgical care if the parent can not be reached;

(g) Information on how to contact the parents, especially in emergencies;

(h) Instructions from parent or health care providers related to medications, specific food or feeding requirements, allergies, treatments, and special equipment or health care needs if necessary;

(i) Written records of any illness or injury that occurs during child care hours and the treatment provided; and

(j) Written records of any medications given while the child is at child care.

(2) You must include the following authorizations in each child's record:

(a) Name, address, and telephone number of the person authorized to remove the child from the center;

(b) Written parental consent for transportation to and from school; and

(c) Written parental consent for transportation provided by the center to and from field trips, including field trip location, date of trip, departure and arrival times and any other additional information the parent may need to be advised of.

(3) You can use any health history form you choose as long as it includes:

(a) The date of the child's last physical exam or the date the child was last seen by a health care provider for reasons other than immunizations;

(b) Allergies, expected symptoms, and method of treatment if necessary;

(c) Health and developmental concerns or issues;

(d) Any life threatening medical condition that requires an individual health plan;

(e) A list of current medications used by the child;

(f) Name, address and phone number of the child's health care provider; and

(g) Name, address and phone number of the child's dentist, if the child has a dentist.

(4) The individual records, including the certificate of immunization status, must be kept on the premises:

(a) For each child currently in care; and

(b) For one year after the child leaves your care.

Child's File: Location

Clarifying Information

- Records for children must be current, on-site, and accessible to administrative staff at the center. This includes staff temporarily filling in for the director and/or program supervisor.
- This regulation requires the records be kept "on the premises". Some centers are part of a larger network of facilities (YMCA's, corporate chains, Boys and Girls Clubs, etc) that maintain a central administrative office where they keep children's records. "Premises" is defined in WAC 388-295-0010 as "the building where the center is located and the adjoining grounds over which you have control". An organization is free to keep records in a central office, but they must also maintain copies on the child care premises. This includes records that must be kept for one year after the child leaves care.
- Licensors may not remove files, documents, or records from a facility without permission from the director or licensee. WAC 388-295-0100 allows DCCEL to take licensing action if a child care provider refuses to allow the licensor

access to records related to the operation of the center. Access to records does not allow the licensor to remove records from the premises without the director or licensee's consent. In the case where the licensor needs copies of the records, they must ask the director to provide copies.

Worker Responsibilities

- If a licensor requests copies of records from a center, the licensor must use a Facility Licensing Compliance Agreement to define exactly which documents are requested, and to set a deadline for the expected date of delivery. The licensor must staff civil penalties with the supervisor if the deadline is not met or the requested documents are not supplied.
- If a center keeps children's records at a central location, the licensor must check with the director of the site to confirm there is a process in place to keep the copies located at the center up-to-date.

Examples

- A licensor visits the center for an unannounced monitoring. The director is not present at the time of the visit, and the person left in charge does not have access to the file cabinet where the children's records are kept. Because of this, the licensor is unable to review the children's records. What should the licensor do? The licensor must write a Facility Licensing Compliance Agreement directing the center to make the records available for review at all times. This may mean re-arranging the duties and responsibilities of any staff temporarily covering for the director. WAC 388-295-0100(3)(h) states that the Department must revoke, suspend, or deny a license for failing to make records available.

Child's File: Content

Clarifying Information

- This regulation requires the date of the child's last physical exam be recorded on the enrollment form. This is not a requirement for the child to undergo a yearly physical exam. The regulation only requires a one-time date for the medical examination and does not require the parents to obtain ongoing

examinations for the child.

- It is vital for the health and safety of the children in care that all portions of the child's record be complete.
- When on field trips, centers must have copies of the children's enrollment forms that include the written permission to obtain emergency medical treatment and medical history. Without this written permission, a child may not be able to obtain necessary treatment if the parent cannot be contacted in an emergency,
- A center may devise enrollment forms and health history forms of its own, but any forms used must include all sections listed in this regulation.
- It is the responsibility of the center to see that the children's files are updated on an annual basis. Although any schedule is acceptable, many centers conduct a file update to the beginning of the public school year.
- The written record of medications administered must include the date and time they were given to the child. The written record must include the initials of the person who dispensed the medication [WAC 388-295-3120(2)].
- When a child is injured and requires medical attention due to the injury, center staff must fill out the Child Injury/Incident Report. Staff must place the form in the child's file and give a copy to the parent. Centers should not phone accidents and injuries into Children's Administration Intake.

Worker Responsibilities

- The licensor must review a random sample of children's files during monitor and licensing visits. If the file review is done during a monitor visit, the licensor must record the results on the Child Care Center Monitoring Checklist. If done during an initial, relicense, or full license visit, the results must be recorded on the Child Care Center Checklist. The quantity of files included in the random sample must be enough to fill the review section of the Child Care Center Monitoring Checklist or the Child Care Center Checklist.
- If incomplete files are discovered during file reviews, the licensor must write a Facility Licensing Compliance Agreement requiring the center to perform an audit of the children's files, then update and complete all incomplete or

missing forms.

Examples

- During a renewal visit a licensor was reviewing children's files. In one of the children's files was an occupational therapy progress report. The licensor read the report as a part of the file review process, however the director later objected and stated she did not feel the licensor should have access to that information. Does licensing staff have access to any and all information in a child's file including therapist's reports, parenting plans, and other personal information given to the provider to assist in the care of the child? Licensors review files to determine compliance with WAC 388-295-7010, 7020 and 7030. In most cases, the licensor should be looking at only those records needed to determine compliance with these WAC requirements. Licensors may find it necessary to request additional information about a child, especially if it relates to the health, safety, and well being of the children in care. This access should be on a "need to know" basis only, and the licensor must be able to clearly state and document the reason for requesting access to these reports. In this instance, the center should relocate the report to a secure location.
- A mother phones Children's Administration Intake with the complaint that the center released her child to the father. The mother states she and the father are getting divorced and there is a "no contact" order in place, disallowing the father any contact with the child. The mother is furious that the center has released the child to the father and demands immediate action. What should the licensor do? The licensor must visit the center and review the child's records. Specifically, the licensor must look at the portion of the record listing who is approved to pick up the child from care. Also, the licensor must search the record for any indication the mother delivered a copy of the no contact order to the center.
    - If there is evidence of the no contact order, and/or the father is not on the approved list for picking up the child, then the licensor must write a Facility Licensing Compliance Agreement requiring the center to educate all staff about the importance of releasing children only to authorized individuals.

Staff must be aware of who is allowed to pick up a child, as well as who is not allowed to pick up a child.

- If there is no evidence of the no contact order, and the father is on the approved pick up list, then the licensor must discuss with the director the importance of requiring parents to keep records current and staff informed of changes. There would not necessarily be a violation of this licensing regulation if the mother did not keep the center up to date on changes.

WAC 388-295-7020 Am I required to track immunizations?

(1) You are required to track each child's immunization status. To be sure that the children have the required immunizations for their age, you or your staff must:

(a) See that each child has a completed certificate of immunization status form submitted or on file before the first day of child care;

(b) Develop a system to audit and update as scheduled the information on the certificate of immunization status forms;

(c) Meet any requirement of the department of health WAC 246-100-166; and

(d) Have available on the premises the certificate of immunization status forms for review by the health specialist, licensor, the department of health, and nurse consultant.

(2) You may accept a child whose immunizations are started but not up to date on a "conditional" basis if:

(a) For children whose records are difficult to obtain (such as foster children), there is written proof that the case worker or health care provider is in the process of obtaining the child's immunization status prior to the child starting child care; or

(b) The required immunizations are started prior to children starting child care; and

(c) The immunizations are completed as rapidly as medically possible. You must work with the parent, health care provider, or local health department to obtain an immunization plan.

(3) If a parent or health care provider chooses not to immunize a child, they must sign the exempt portion of the certificate of immunization status form.

(4) You may have a policy that states you do not accept children who have been exempted from immunizations by their parent or guardian, unless that exemption is due

to an illness protected by the American With Disabilities Act (ADA).

(5) The certificate of immunization status forms for children who are currently enrolled must be accessible and maintained on the premises in a confidential manner.

Immunizations

Clarifying Information

- Some centers keep the Certificate of Immunization Status (CIS) form separate from the children's files. This is acceptable, as long as they are readily accessible for review and updating.
- Certificate of Immunization Status (CIS) forms contain personal medical information and the center must treat them in a confidential manner. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) applies to CIS forms.
- The form used to record immunizations must be the Department of Health approved Certificate of Immunization Status (CIS). Photocopies of the form are acceptable, if both sides of the form are duplicated and filled out. It is not acceptable to staple or attach alternate forms to the approved CIS form; immunization dates from alternate forms must be transferred to the CIS and then signed by the parent.
- Certificate of Immunization Status (CIS) forms can be found on the Department of Health website in 22 languages, in addition to English.
- The Childcare Status Report form is also available in the forms section of the Department of Health website. Centers are required to fill out and submit this form to Department of Health annually. No licensor involvement is necessary.
- If the center accepts an un-immunized child into care, the center must diligently inform the parents of that child when there is a communicable disease exposure at the center.

Worker Responsibilities

- The licensor must review a random sample of children's files and confirm that a completed and up to date Certificate of Immunization Status (CIS) form is present in those files that are sampled. The quantity of files included in the

random sample must be enough to fill the review section of the Child Care Center Monitoring Checklist or the Child Care Center Checklist.

- The licensor must review the system that the center has in place for auditing and updating Certificate of Immunization Status (CIS) forms.

Examples

- A parent enrolls a child in a child care, but does not provide the director with a Certificate of Immunization Status (CIS) form. The director insists they must have the form since it is a DCCEL requirement. The parent informs the director their family does not get immunizations and refuses to fill out the form. The director phones the licensor for advice. What should the licensor say? The licensor must inform the director the parent may choose to opt out of immunizations. This regulation still requires the parent to submit an Certificate of Immunization Status form with the exemption portion of the form filled out and signed. The licensor should also inform the director the center could refuse to accept the child into care if the center has an existing written policy forbidding enrollment to children who have been exempted from immunizations by a parent. However, if the child has been exempted because of a condition covered by the Americans with Disabilities Act (ADA), the center may not refuse care to the child based on an immunization exemption, no matter what the center's policy states.

WAC 388-295-7030 What type of attendance records do I have to keep?

You must keep daily attendance records.

(1) The parent or other person authorized by the parent to take the child to or from the center must sign in the child on arrival and sign out the child at departure, using their full legal signature and writing the time of arrival and departure;

(2) When the child leaves the center to attend school or participate in off-site activities as authorized by the parent, you or your staff must sign out the child, and sign in the child on return to the center; and

(3) Attendance records and invoices for state paid children must be kept on the premises for at least five years after the child leaves your care.

Attendance Records

Clarifying Information

- The intent of this regulation is that attendance records for all children are kept on the premises for at least five years after the child leaves care. In addition, invoices for state-paid children will be kept for five years after the child leaves care.
- Certificated programs (tribal, military, & government operated) that are issued certificates for the purpose of subsidy payments only are exempt from licensing regulations. They must still keep attendance records and retain those records for five years. This is a subsidy requirement.
- The parent, or person authorized by the parent, must sign an attendance form when dropping off their child at the start of the child care day, and when picking up their child at the end of the child care day. If the child attends school or other off-site activities during the day, the center must sign the child in and out. The center must not sign children in and out at the beginning or end of the child care day – only the parent, or person authorized by the parent, may sign the child in and out at those times.
- Field trips are an "off site activity" and the center must sign each child who participates in field trips in and out of the center.
- Parents can allow siblings under the age of 18 to sign children in and out of the center if the following conditions are met:
  (1) The sibling must be listed in the section of the center's registration form where people (other than the parent) are listed who are allowed to pick up the child.
  (2) The parent must write and sign a note giving permission for the minor sibling to pick up the child and to sign the attendance form in lieu of the parent. The note should be placed in the child's file so it is easily available to center staff if they have questions.

Worker Responsibilities

- The licensor must review
  - A random sample of recent attendance forms during monitor and licensing

visits. Full signature by parents and the numbers of children in care should be checked during this review.

- The process the center uses for checking children in/out for school and off-site activities.

Examples

- A growing number of centers are using computer software and various types of electronic scanners (barcodes, magnetic strips, thumb print recognition, etc) to log children in and out of the center. This regulation requires a full signature. Do the electronic methods of sign in/out meet the intent of this regulation? Electronic sign in/out is acceptable and meets this requirement if the sign in/out method used passes two tests:
  (1) If the parent has a PIN or password or other method of ensuring that only they (and not the provider) can sign the child in or out of the center.
  (2) There must be a method to quickly produce a list of children present at the facility in the event of an emergency.
  When a parent signs a child in/out of a center, they are verifying the child is present in the center at specific times and dates. This is important for several reasons:
  - *Capacity*: it helps establish how many children were in care during specific times of the day;
  - *Subsidy*: it supplies the provider with evidence that a child was either present or absent on any particular day;
  - *Safety*: in the event of a fire or other emergency, a sign-in/out sheet that can be removed from the center ensures that all children are present and account for.
- A center takes some children on a field trip to a nearby park. As the children are boarding the van to leave the park, one child stops to pet a dog; the staff do not notice and leave without the child. On return to the center, the staff do not check the children back into the center. Not until the parent arrives to pick up the child does the staff realize the child is not present. At the same time, the center receives a phone call from local law enforcement stating they have a young child who was left at the park. The parent picks up the child and

phones in a complaint to Children's Administration Intake. What should the licensor do? After investigating the complaint, the licensor must write a Facility Licensing Compliance Agreement citing the center for not signing the children in and out as required by this regulation. The licensor should also require the center to devise a method to check children in/out as they board the vehicle on both ends of a field trip. Many centers use a clipboard and check off the children's names as they get in and out of the vehicle. The licensor should also staff with the supervisor any further action against this center. Leaving a child unsupervised in a public place is a serious violation of supervision requirements; civil penalties, a probationary license, and suspension or revocation may be appropriate actions depending on past history and the specifics of the incident.

WAC 388-295-7040 Am I required to keep licensing information available on site for parents to review?

You must keep a file on-site containing the following licensing information:
(1) Copies of the most recent child care center checklists for licensing renewal and facility licensing compliance agreement for any deficiencies noted; and
(2) Copies of the most recent child care centers monitoring checklist and facility licensing compliance agreement for any deficiencies noted.

Access to Licensing Information for Parents

Clarifying Information

- The director must make the items listed in this regulation available for review by parents. This does not mean the director must post the items; keeping them in a file that is readily available to parents fulfills the intent of this requirement. The center is required by WAC 388-295-7080(9) to post a notice informing parents this information is available for review. Best practice would be to include in the policy and procedure handbook a statement informing parents that Child Care Center Checklists, Child Care Center Monitoring Checklists, and Facility Licensing Compliance Agreements are available for review.

- This requirement states the center must keep the listed items available for review "on site".
  - *On-site* is defined as "the building where the center is located and the adjoining grounds over which you have control."
  - *Available* is defined as easily and readily accessible. Storing the compliance agreements and renewal checklists in a locked cabinet that is not available at all times, or storing them off-site, does not meet the intent of this regulation. Parents must have access to the documents on demand.

Worker Responsibilities

- The licensor must ask, during monitor and licensing visits, where the center keeps copies of Child Care Center Checklists, Child Care Center Monitoring Checklists, and Facility Licensing Compliance Agreements and confirm they are readily available to parents.

Examples

- A licensor visits the center for a routine monitor visit. The licensor notices a sign in the lobby area of the center stating that past Facility Licensing Compliance Agreements and Child Care Center Checklists are available to parents for review, so the licensor asks to see what is available. The licensor is informed those items are not on-site because they are periodically sent to the main office for the center, which is several miles away. The director informs the licensor that if a parent asks to review the documents, the parent is told to visit the main office and review the documents there. What should the licensor do? The licensor must inform the director that keeping the documents off-site does not meet the intent of this regulation. The licensor must write a Facility Licensing Compliance Agreement directing the center to move all past compliance agreements, monitor checklists, and renewal checklists back to the center, and to make them readily available to parents.

WAC 388-295-7050 What personnel records and policies must I have?

(1) Each employee and volunteer who has unsupervised access to a child in care must

complete the following forms on or before their date of hire:

(a) An application for employment on a form prescribed by us, or on a comparable form approved by the department; and

(b) A criminal history and background inquiry form.

(2) You must submit the criminal history and background inquiry form to us within seven calendar days of the employee's first day of work. The form authorizes a criminal history background inquiry for that person.

(3) Until the criminal background inquiry results are returned and show the employee to not be disqualified, you must not leave the employee unsupervised with the children.

(4) We discuss the information on the criminal history background inquiry form with you, the director, or other person responsible for the operation of the center, such as a human resources professional, if applicable.

(5) If you employ five or more people you must have written personnel policies. These policies must describe staff benefits, if any, and duties and qualifications of staff.

(6) You must maintain a system of record keeping for personnel. In addition to the other requirements in this chapter, you must keep the following information on file on the premises for yourself, each staff person and volunteer:

(a) An employment application, including work and education history;

(b) Documentation that a criminal history and background inquiry form was submitted;

(c) Written documentation of trainings and meetings such as but not limited to:

(i) Orientation;

(ii) On-going trainings;

(iii) Bloodborne pathogen training (including HIV/AIDS);

(iv) CPR/first aid;

(v) Food handler's cards (if applicable);

(vi) STARS;

(vii) Staff meetings; and

(viii) Child abuse and neglect.

(d) Documentation of the results of Tuberculosis (TB) testing by the Mantoux skin test prior to starting work.

(7) You must keep the following information on file for the owner of the facility:

If the center is solely owned by you:

A photocopy of your Social Security card that is valid for employment or verification of your employer identification number (EIN); and

A photocopy of your photo identification issued by a government entity;

If the center is owned by a corporation, verification of the corporation's EIN.

(8) Training documentation must include a certificate, card, or form with a copy placed in each individual employees file that contains the:

(a) Topic presented;

(b) Number of clock hours;

(c) Date and names of persons attending; and

(d) Signature and organization of the person conducting the training.

Personnel Records & Policies

Clarifying Information

- Directors are responsible to see that Background Authorization forms are filled out by new employees on or before their first day of work, and those forms are submitted to the Background Clearance Central Unit (BCCU) within seven days of hire. Directors must also devise a method to demonstrate the forms were completed and submitted on time. Staff may not work unsupervised with children until the results of the Background Authorization are returned and the department approves the person to have unsupervised contact with children.
- Background Authorizations are disclosable documents. When the employee signs the form, they also give permission for DCCEL licensors to discuss the results of the Background Authorization with the administrative staff at the center.
- If there is a change in owner, director, or program supervisor, the center must notify the licensor (this is a circumstantial change, WAC 388-295-7070). The Child Care Center Director/Program Supervisor Notice of Change form is available for the center to use.
- Some of the larger chain sites that are owned by corporations use the same Employer Identification Number (EIN) for many of their sites.

- This regulation requires the records be kept "on the premises". Some centers are part of a larger network of facilities (YMCA's, corporate chains, Boys and Girls Clubs, etc) that maintain a central administrative office where they keep children's records and personnel files. "Premises" is defined in WAC 388-295-0010 as "the building where the center is located and the adjoining grounds over which you have control". An organization is free to keep records in a central office, but they must also maintain copies on the child care premises.

Worker Responsibilities

- The licensor must:
  - Review a random sample of staff files during monitor and licensing visits. The licensor must check to ensure that the items listed in WAC 388-295-7050(6)(a-d) are in an organized personnel file for each staff member. The quantity of files included in the random sample must be enough to fill the review section of the Child Care Center Monitoring Checklist or the Child Care Center Checklist.
  - Review the center's personnel policies if the center is required by this regulation to have them.
  - Maintain in the DCCEL licensing file the items listed in WAC 388-295-7050(7).

Examples

- The licensor visits a center for a routine monitor visit. During the file review, the licensor discovers there are staff working at the center that do not have personnel files. When the licensor asks the director about this, the director informs the licensor the files are not yet put together, but the information is in a pile waiting to be put into a file. The director also hands a stack of Background Authorizations to the licensor and asks the licensor to deliver them to DCCEL office for entry into the DCCEL Background Check Application. Some of the Background Authorizations are over four weeks old and have not yet been submitted. What should the licensor do? The licensor must write a Facility Licensing Compliance Agreement for not having personnel files for all staff and for not submitting Background Authorizations

within seven working days of the staff starting work. The licensor must also check to ensure the staff who do not have cleared Background Authorizations have not had unsupervised contact with the children in care. The licensor should discuss with the supervisor potential licensing actions such as civil penalties, a probationary license, suspension, and/or revocation. The Background Authorization is also available in Spanish.

WAC 388-295-7060 What injuries and illnesses or child abuse and neglect must I report?

You or your staff must report immediately:

(1) A death or a serious injury or illness that requires medical treatment or hospitalization of a child in care must be reported by telephone and in writing to the parent, licensor, and child's social worker, if the child has a social worker;

(2) Any instance when you or your staff have reason to suspect the occurrence of any physical, sexual, or emotional child abuse or child neglect, child endangerment, or child exploitation as required under described in chapter 26.44 RCW. You may make a report by calling the statewide number at 1-800-562-5624 or 1-866-Endharm; and

(3) An occurrence of food poisoning or reportable communicable disease, as required by the state board of health to the local public health department and to the licensor, by telephone.

Child Injury, Illness, & Abuse Reporting

Clarifying Information

- The provider is responsible to make reports of injuries requiring medical attention to the parent and the child's social worker (if any). A copy of the Child Injury/Incident Report must be placed in the child's file.
- Reports of injuries to children should not be reported to Children's Administration Intake. Paperwork about child injuries will be in the child's file if DCCEL workers have any questions or concerns.
- Child care staff are mandated reporters of child abuse. This includes all administrative staff (director, assistant director, and program supervisor), lead

teachers, volunteers, teachers' aides, assistants, cooks, & janitors.

- Mandated reporters must make reports of suspected abuse and/or neglect at the first opportunity, but in no case more than 48 hours after there is reasonable cause to believe that abuse or neglect occurred [RCW 26.44.030(1)(d)]. The staff member with the most direct knowledge of the alleged incident is the person responsible for making the report.
- Center staff must not perform investigations of suspected abuse and/or neglect beyond what is required to determine that an incident may have occurred. DLR/CPS facility investigators will perform these investigations, and there is a danger of tainting the interview if the center staff also interviews the child.
- The provider is responsible to make reports about food poisoning or communicable disease to the local health authority and the licensor.

Worker Responsibilities

- It is the licensor's responsibility to review a random sample of children's files during monitor and licensing visits. The quantity of files included in the random sample must be enough to fill the review section of the Child Care Center Monitoring Checklist or the Child Care Center Checklist. During this review, the licensor must take note of any Child Injury/Incident Reports (Spanish). These reports can help in determining if there are patterns of injury because of poor facility layout, improper or ill-maintained equipment, and lack of supervision. If patterns of injury are evident, the licensor must discuss with the director and/or program supervisor what changes could be made to alleviate future injuries.

Examples

- A child fell off a piece of play equipment at a center and hit her head. The center staff watched her but noticed no change in behavior or obvious injury, so did not inform the parent or fill out a Child Injury/Incident Report. Several days later, the child complained to her parent of an earache. The parent did not get immediate medical attention, because the child had a history of ear infections and the parent decided it was only another ear infection. Two days

later, the parent brought the child to the doctor and discovered the child had a mild concussion and hairline fracture of the skull. The parent asked the center about a possible injury and was finally informed about the fall from the play equipment. What should the licensor do? The licensor must write a Facility Licensing Compliance Agreement mandating that all future injuries are reported to the parent and a Child Injury/Incident Report is filled out and distributed as required by this regulation. Because the center did not inform the parent of the accident, the parent did not have all the relevant information available when the child complained about an earache. The licensor must discuss with the director the seriousness of this incident and the potential for significant medical problems when parents are not informed.

WAC 388-295-7070 What circumstantial changes must I report to my licensor?

A child care center license is valid only for the address, person, and organization named on the license. You must promptly report to the licensor any major changes in administrative staff, program, or premises affecting the center's classification, delivery of safe, developmentally appropriate services, or continued eligibility for licensor. A major change includes the following:

(1) Center's address, location, space or phone number;

(2) Maximum number and age ranges of children you wish to serve compared to the current license specifications;

(3) Number and qualifications of the center's staffing pattern that may affect staff capability to carry out the specified program, including:

(a) Change of ownership, chief executive, director, or program supervisor; and

(b) Death, retirement, or incapacity of the person licensed;

(4) Name of the licensed corporation, or name by which the center is commonly known, or changes in the center's articles of incorporation and by-laws;

(5) A fire, major structural change, or damage to the premises; and

(6) Plans for major remodeling of the center, including planned use of space not previously approved by the fire marshal's office or us.

Licensing: Circumstantial Changes

Clarifying Information

- A new license must be issued when the circumstances at a facility force a major change in operation. Examples: a new owner, a change in physical areas within the facility that are used for child care, a change in capacity or age range to the extent that new equipment or procedures are required, moving different age range children into a different classroom, or a move to a new site.
- The licensee is responsible to submit an Application for Child Care Center License or Certification for the changed circumstances 90 or more calendar days before the new license is needed.
- Child care licenses are not transferable. Changes in location or owner require a new Application for Child Care Center License or Certification. The center is responsible to submit a new application at least 90 days before the change in address or owner takes place [WAC 388-295-0060(3)].
- A major fire or other structural damage to the facility requires a new fire marshal inspection. Fire inspections done due to a change in ownership will be done to the 1997 standards if the building had been previously inspected under those rules, unless the change in ownership also includes substantial changes to the license (such as a change in capacity).
- A major remodel of the center that includes space not previously approved by the fire marshal or DCCEL requires new fire and health inspections.

Worker Responsibilities

- Prior to authorizing an increase in capacity, the licensor must:
  - Assess space available, licensee skills and capabilities;
  - Assess equipment, materials, and supplies to meet the developmental needs of the children in care;
  - Review history of complaints and compliance;
  - Conduct a site visit, re-measuring, if necessary;
  - Contact the health specialist and/or fire marshal for new inspections if the

capacity increase goes beyond capacity previously approved by the fire marshal or the health specialist.
  - Assess experience of the staff and review the facilities training plan.
  - Submit the amended license to the supervisor for review
- The licensor must review the qualifications for a new director and/or program supervisor before they can be approved for that position.

Examples

- A child care center changes ownership. How do we handle the transition from one owner to the next so there is no lapse in care provided to families? When DCCEL learns of a change in ownership, we can suggest the current owner maintain the facility until the new owner can get their license. There would then be no lapse in the ability of the center to provider licensed care. Additionally, staff would be able to remain employed with no interruption. If the current owner is not willing to do this, DCCEL must close the facility until the new owner can become licensed. If this occurs, there must be no backdating of the new license.

WAC 388-295-7080 What am I required to post in the center?

You must post the following items so that they are clearly visible to the parent and staff:

(1) The center's child care license issued under this chapter;

(2) A schedule of regular duty hours with the names of staff;

(3) A typical activity schedule, including operating hours and scheduled mealtimes;

(4) Meal and snack menus for the month;

(5) Fire safety record and evacuation plans and procedures, including a diagram of exiting routes;

(6) Emergency telephone numbers near the telephone;

(7) Nondiscrimination poster;

(8) For the staff, you must post:

(a) Dietary restrictions and nutrition requirements for particular children;

(b) Handwashing practices;

(c) Diaper changing procedures, if applicable;

(d) Disaster preparedness plan; and

(e) Center policies and procedures.

(9) You must post a notification advising parents that you are required to keep the following licensing information available on site for their review:

(a) Copies of the most recent child care center checklist for licensing renewal and facility licensing compliance agreement for any deficiencies noted; and

(b) Copies of the most recent child care centers monitoring checklist and facility licensing compliance agreement for any deficiencies noted.

Posting Requirements

Clarifying Information

- *Clearly visible* means items are posted in an area frequented by parents and staff, the items are not covered by other postings, and the item is of a size and font that allows for easy reading.
- Posting the first names of staff on an emergency phone list is acceptable if there are security or privacy issues.
- Items relevant to all children and classrooms in the center (the license, meals & snacks, fire safety records, etc) must be posted in an area frequented by all parents.
- Items relevant to a specific classroom (scheduled activities for the room, staffing for the room, etc) can be posted outside or inside that room only – they do not need to be posted in a central location for all to view.
- Menus must be prepared and posted one week or more in advance of when they are effective [WAC 388-295-3160(1)(a)]. The menu must be for a month's worth of meals, and must remain posted for the entire month they are effective.
- For the center serving children with allergies or special diet restrictions, notices must be posted in the kitchen and classroom in a manner that protects the confidentiality of the child but is obvious to the staff. Staff must be briefed on the child's needs and steps to take in case of accidental exposure.

Location of an EpiPen must also be on the posted notice (if the child uses one at the center) along with emergency contact numbers for the parent. Staff who work with that child must be briefed about the allergy, how to use an EpiPen, and what to do in an emergency.

- Many centers consolidate children of various ages near the end of the day. If one of the children has allergies, and that child is placed in a room or with staff other than usual, the center must ensure all staff are instructed on procedures for an allergy emergency. Posting requirements remain in place for the consolidated classroom.

Worker Responsibilities

- It is the licensors responsibility to verify all required items are posted, and they are posted in locations most useful to staff and parents.

Examples

- A center serves a child with severe allergies to peanuts. The center has a notice posted in the classroom, but not in the kitchen. A new cook working at the center inadvertently serves peanut butter cookies to the children. The child has a reaction, but the staff in the classroom are trained and respond appropriately. What should the licensor do? The licensor must write a Facility Licensing Compliance Agreement directing the center to post a notice in the kitchen. The licensor must also direct the center to devise a system to ensure that all staff in all rooms (including cooks) are fully oriented to allergy issues at the center before beginning work.
- A staff member phones the center early one morning and says he cannot make it to work that day. If he does not come in, the center will be overcapacity in one of the rooms. The director is not on the premises, so the lead teacher takes the phone call. The lead teacher then searches for an emergency phone list so she can contact one of the other staff to cover. The emergency phone list is not posted near the telephone, and is locked up in the office. The lead teacher is unable to phone anyone else to come in and work. When a licensor arrives for an unannounced monitor visit that morning, the center is understaffed in one of the rooms. What should the licensor do? The licensor must write a Facility Licensing Compliance Agreement requiring

the center to post an emergency phone list near an accessible telephone. The list must contain the contact information for everyone, and every agency, that the center is likely to need during an emergency – this must include key administrative personnel, the local DCCEL office, poison control, Child Protective Service (CPS), local health, etc. The licensor must also require the center to appoint a qualified lead teacher to be in full charge of the center when the director, program supervisor, and assistant director are absent; this must include full access to all records.

DCCEL Methods & Practice (MAP)

Child Care Centers: 388-295

Last updated: 19 Sep 2005